



# HEALTHY FAMILIES

Educating through nutrition  
and physical activity

Estefanía Estévez López  
Contributor: Elisa Huéscar Hernández





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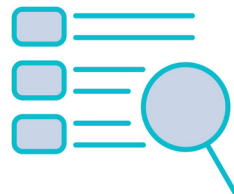
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## *Presentation of the guide*

Eating is much more than just feeding yourself and doing physical activity is much more than practicing a sport. This text that you have in your hands is born from the idea described in the previous sentence, highlighting the relevance of the family system in healthy lifestyle habits around food and joint physical activity. In a current society where lifestyles related to haste and immediacy, processed food and a sedentary lifestyle are taking root, we think it is essential to remember the importance of sharing the moment of the family meal around a table in a pleasant, relaxed atmosphere, free of devices, understanding this moment as the privileged context to tell us, **get to know each other and share our daily lives while we can practice healthy nutrition** and age-adjusted.

It is common in our times that family and work rhythms lead us to use, in more and more families, ultra-processed foods, but quicker to prepare, or that we neglect the times shared with the family at breakfast, lunch or dinner, which increases the probability of the appearance of certain disorders, eating disorders such as obesity or other very serious ones such as anorexia or bulimia. The family meal will also be the privileged moment to be able to detect signs that alert us to the

danger of the possible development of an eating disorder.

A healthy family lifestyle must be complemented by physical activity and sport, rather than opting for a completely sedentary leisure time. That is why in this guide we also want **to highlight the value of sports practice from childhood and adolescence** for health and with the support of the family, highlighting benefits and underlining recommendations and, in particular, emphasizing the importance of motivation for the implementation and maintenance of physical activities for family enjoyment.

Therefore, since the family is in a privileged position to promote healthy habits in sons and daughters, we believe it is essential to present basic training in the format of the guide you have in your hands, which can help educators and families, fathers, mothers and sons/daughters, to recognize the importance of family mealtime as a space and key times for communication and getting to know other family members.

This Guide was created with the aim of being a tool for the educational community, especially for parents. The general objective of this text is to try to answer some of the questions

that parents, and other educators and trainers, may have about healthy eating at each stage of life of our sons and daughters, as well as about sports practice in the family.





## *Objectives and organization*

The general objective of this guide is to help educators gain more knowledge and tools aimed at promoting healthy lifestyle habits in the family among parents, sons and daughters, highlighting the processes of communication and motivation around food and sport, fundamentally. **As specific objectives, we aim to help readers to:**

1. Understand the importance of good nutrition and diet.
2. Highlight the importance of family mealtime as a space for communication between parents and children.
3. Know the main communication styles and elements.
4. Identify the main dietary recommendations in childhood and adolescence.
5. Promote healthy eating, knowing the risks of sugars and processed foods.
6. Understand the role of social media in its impact on the body image of children and adolescents.
7. Know the main characteristics of eating disorders.

8. Highlight the benefits of practicing sports as a family.

9. Promote family sports through a motivated routine.

10. Have a basic repository of recommended resources, especially readings and websites for educators, families and young people.

The Guide is organized around 4 blocks. **Block I** focuses on Food as a Space for Communication. This block explores the relevance of the shared moment of family meals, highlighting its importance as a key moment for communication.

**Block II** focuses on Healthy Eating Habits. This block begins with a summary of the keys to good nutrition in childhood and adolescence, we discuss the impact of processed foods and sugars, the role of social media on nutrition and body image, as well as the main eating disorders.

In **Block III** we talk about Physical Activity and Sport in the Family, indicating the notable connection between health and family sports practice, the benefits and recommendations of sports for all members of the family, the positive influence of the support of parents

in the sports practice of their children, and the role of motivation for persistence in being active. los padres y madres en la práctica deportiva de los hijos/as, y el rol de la motivación para la persistencia en el hecho de estar todos activos.

Finally, **Block IV** includes several lists of external resources to complement the information in this guide through recommended readings and websites of interest.

# **BLOCK I**

## **FOOD AS A SPACE FOR COMMUNICATION**









## *Family meals: more than just eating*

Food has always had a prominent place in the lives of families. Today's lifestyles with very long working hours, long distances between home and workplace, the fact that both spouses carry out professional activities outside the home, etc. make it increasingly common to have to eat out on many occasions or resort to quickly prepared processed foods. This new reality has **very important consequences for the well-being and health of** all family members, as well as for communication and the quality of family relationships.

Sometimes, the time that family members spend together around the table is significantly limited, an aspect that is irreplaceable due to the great possibilities that these moments provide for getting to know each other and sharing. One objective of this guide is precisely to highlight the great **the value of space and time during family meals** benefit of all members of the household.

Gathering around a table with food even has fundamental symbolic connotations in our societies. In our culture **practically all the celebrations of great events are experienced around a table**, such as, for example, the birth of a baby, the celebration of a wedding or

a birthday, and banquets around other memorable moments in which more family or friends participate, a fact that shows that eating together means much more than ingesting nutrients and feeding ourselves, and that it allows us to do such important things as the following:

- Share a space and a time for communication.
- Create strong and solid effective bonds.
- Enjoy part of our free time together.
- Transmit to our sons and daughters part of the culture that revolves around food.
- Educate our sons and daughters by teaching them patterns of behavior in society through the establishment of certain norms and limits.
- Provide parents with appropriate situations to show healthy behavior.
- Detect possible eating disorders in time that can have a very negative effect on the health of our sons and daughters.
- Promote family co-responsibility in preparing meals and in other

tasks that revolve around them, such as setting and clearing the table, putting dishes in the dishwasher or sweeping the kitchen.

- Educate children in non-sexist behaviour by assigning shared tasks to all family members.
- Offer healthy food while parents can observe what their children eat.

All of this that we have just discussed can be achieved if the time we spend eating with the family is a developed time **in a atmosphere of cordiality, calm, relaxed, unhurried and without tension.**

It is essential to discover the pleasure that food can bring us, but also the fact of sharing it and sharing our time around it with the people we love and, especially, with our partner and our sons and daughters, strengthening family relationships far beyond simple food. Some ways in which parents can positively influence their children's eating habits are the following:

**1. Role model:** parents and Mothers are an important role model for their children in developing healthy eating habits. Family culture influences children's eating



behavior. Parents can encourage their children to adopt goals and values that will facilitate appropriate decision- making in their daily lives as they grow older and become more independent.

**2. Act as a good example:**

Parents should demonstrate good eating habits in their own daily lives. Eat fruits, vegetables and nutritious foods in front of their children, they teach them the importance of a balanced diet.

**3. Active participation:** involve children in meal preparation and food choices. Make feeding

a positive and educational experience.

**4. Nutritional education:** the parents can teach their children about the importance of different food groups and how they affect their health. Discussing nutrients, vitamins and minerals helps raise awareness.

**5. Home environment:** maintain a healthy pantry with nutritious options. Limit access to processed and sugary foods.

In summary, parents can be key agents in establishing healthy eating

habits in their children by providing a supportive environment, education and a positive example.

Some **other important keys** that we should keep in mind are those that we highlight below:

- It is essential to start the day with **a good breakfast**. Although we go in a bit of a hurry in the morning and family schedules may not be



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television or cell  
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advocate for family  
communication*

very compatible, as far as possible it is advisable to try to dedicate some time to having breakfast together before the children go to school and the adults go to work.

- If it is not possible to share breakfast, it is very convenient to establish **the custom of having at**

**least one meal a day together.**

- During the meal, it is ideal that we pay full attention to each other among the people who are sharing the table. For this reason, it is advisable to forget about electronic devices such as television or cell phones at these times and **advocate for the family communication** with everyone. The benefits that this brings and that we will extend in other points of this block.

- During the time dedicated to eating together as a family, it is advisable to do everything possible to have relaxed conversations avoiding arguments, so that we create an atmosphere of enjoyment, taking advantage of it **to catch up on issues of others**; for example, it is a moment that we can take advantage of to ask our sons and daughters how their day has been.





## *Importance of family communication*

Co Eating as a family is a custom that provides us with a space-time ideal for **promoting dialogue and improving the relationship between parents and children.**

In addition, it is an environment that allows us to take advantage of that moment to educate in healthy behaviors and detect possible problems related to nutrition from the first moments in which they may be developing, something that is of utmost importance for the person's recovery.

The forms and channels of communication between family members change as the family continues its evolutionary process and as the sons and daughters grow and move from infancy to childhood and adolescence. Fathers and mothers must be able **to find the communication channels and communication strategies that allow them to better connect** with their sons and daughters, adapting to new needs. For this, the time dedicated to family meals can be very positive, with its decisive role in transmitting habits and customs, promoting a feeling of security and belonging to the family.

Communication is the basis of social relationships both within and outside the family. It is not just about talking, about articulating words,



but about making an effective exchange of various ingredients such as recipes for our dishes. **Communication is the process by which people share meanings** through the transmission of symbolic messages.

Without effective communication with the people around us, it is much more difficult to achieve a feeling of well-being and easier for us to feel isolated and misunderstood. And that is

because **we all need to share and communicate with others**, we need to dedicate quality time to be able to express ourselves and also to listen and get to know others more deeply.

For there to be a true communication between parents, mothers, sons and daughters, this should occur in a calm environment and develop in a clear and open manner taking into account the following keys:



■ In any communication process, parents we must **show that we understand our children** with phrases of understanding or with gestures of assent. Communication processes involve do an exercise in empathy, because it is essential that the person in front of us feels that we are listening and **trying to help put ourselves in their place**, and for that sometimes our gestures and non-verbal communication are a more key aspect than the words themselves.

■ If throughout the communication, the conversation leads us **to tense or conflictual situations**, we adults must remember that we are the ones who cannot stop being the model of behavior and emotional regulation for our children at this time, so it is advisable **to try keep calm to redirect the situation** in a way peaceful and constructive.

■ It is advisable that you enter we all **get used to asking questions in order to better understand** the thoughts and feelings of the people we are talking to, without this being interpreted, and much less confused, with us wanting to put too much pressure or carry out an interrogation.

■ The best personal position when we are listening to the thoughts or behaviors that our sons and daughters describe to us is **not to judge previously without first having urged them to explain** in as much detail as possible the reasons that led them to behave in such a way.

■ For sons and daughters, especially in their teens, **it is a lot of more advisable try to express ourselves with them in terms of negotiation and understanding**

that we demand from the **unilaterally** or urge them without alternatives to everything they should do from our point of view as adults, because they rather need to feel that we are a guide and support.

If we apply these points that we have just discussed, we will see that understanding what our children want to express to us is much more within reach than we thought. We will also discover the value of non-verbal expressions through gestures, which are so common in human beings and which contribute so much to us, such as, for example, **hold a hand, share a smile, wink with complicity**, patting on the back, caressing the arm, among others.

Let's not forget that communicating is sometimes not as simple or easy as we would like, since for children, adolescents and as adults, **sometimes we find it difficult to put words to what we want to express**, to our wishes and feelings.

Sometimes the person receiving the message is not in a position to correctly understand what you want to say, giving rise to misunderstandings, either because he or she is tired or because he

or she is not paying full attention to us. We insist that it is very important to also take into account the transmission of gestures, what we express with our looks, tone of voice, or our facial movements and body postures.

It is inevitable that when we speak with another person we also adapt non-verbal communication, such as the gestures we make with our hands, changes in the tone of voice, placing ourselves closer or further of the other. **These aspects of nonverbal communication also convey messages**, although they are not expressed in words, but are captured through the senses. In many cases, we do not do this consciously, but rather automatically, accompanying



*It is important  
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postures...*





our words. Sometimes, we only accompany our own sensations.

Therefore, even when we remain silent and listen, we can at the same time be sending messages to our interlocutor only through our body and appearance.

**Many researchers and psychologists claim that it is non-communication is impossible,** even in situations where we want to avoid it, we are effectively

sending a message. In the following section we summarize the basic elements of the communication process.





## *Elements of communication and communication styles*

Communication processes always occur between several people and with several elements, such as:

- 1. The sender:** the person who speaks.
- 2. El receiver:** the person who listen.
- 3. The message:** what is wants to transmit.
- 4. El channel:** the medium or method through which communication is established.

We will say that communication has been effective when at the end of the process the receiver has understood the message that the sender wanted to convey through the chosen channel.

On the other hand, the complete communication process involves:

- The existence of a sender who initiates the process by sending a message.
- The message to be transmitted is encoded through words in verbal form, through other media such as graphic-visual media or through gestures and non-verbal communication, so that in any case it can be understood by the receiver.
- The channel for communication will be chosen based on the type of

message. Message that we want to convey, whether through words, symbols, signals, etc.

■ When the message reaches **the receiver**, this person **has to decode it**, that is, interprets from his or her perspective, which sometimes coincides with that of the sender and other times does not. The final result will depend on several factors such as the receptive capacity or the state of mind of the receiver, as well as the effort made by the sender to transmit a clear message.

■ **The response is the receiver's reaction to the content** of the message he has received, from which he can initiate what we call feedback, which refers to the action taken in reaction to the message. For example, the receiver can reply to the message, now becoming the new sender.

In communication processes **We have established the widespread idea that no one really listen**, especially in the case of families with teenage sons and daughters. Many times parents complain that they are not listened to, and in other cases, sometimes, it is the sons and daughters themselves who complain in reverse, saying that their parents

do not understand or comprehend them and that it is not worth talking to them.

Therefore, as we have already mentioned, listening is not enough for there to be an effective dialogue or understanding, because listening implies much more and must always be done with special attention, putting all the interest in the person who is speaking to us and in the message that they are trying to convey to us transmit. **It is important to try put ourselves in the place of the sender to understand his point of view.**

Sometimes fathers and mothers find it difficult to put themselves in their son's/daughter's place, although it can be easier if we try to remember what happened to us when we were their age.

Having a **willingness to listen is essential**, giving the other person confidence to express everything they want without fear of feeling judged at first by the interlocutor. If the person who is listening to us intimidates, attacks and judges us, it will cause us to be more reticent in the future when it comes to expressing ourselves talk. This aspect is key in communicating with our teenage sons and daughters.

We must also be aware that there

 *Sometimes we will have to repeat the most important content using other words.*

will be interruptions and silences at times, and that this is part of the process communicative. **Silences in conversations can be very useful**, since pauses are important so that we can all assimilate what we are talking about and be able to reflect. Similarly, we will sometimes have to repeat the content we consider most important using other words, to ensure that the message comes across as we intended.





In the same situation, we can react differently. Each member of the family can use a particular communication style, more passive, aggressive or assertive.

### **The communication style**

**passive** is characterized because the person does not usually respect his or her own rights, does not defend his or her interests and is very shy when expressing feelings, thoughts and opinions.

### **People with an aggressive**

**communication style** do not They respect the rights of others, they tend to attack others without taking their feelings into account and they are not able to clearly express their opinions.

Finally, the **people who are able to communicate assertively** respect both their own rights and those of others, expressing themselves in a direct but affectionate manner, communicating their feelings and opinions without not threatening or belittling others, but rather showing a respectful attitude.

### **What communication style predominates in you and your family?**

This question is very interesting and answering it will allow us to know and connect better

with others and create the most appropriate climate to express ourselves.





## *Appropriate climate for family communication*

Children and adolescents need **spaces of communication with adults in which they feel comfortable, relaxed** and can share their ideas and concerns. Family meals are one of those opportunities that we should take advantage of. If we take advantage of this moment to show appreciation, acceptance and understanding, we will be much more aware of what they feel and think, of their emotional state and their daily life, we will encourage dialogue when more difficult topics to communicate arise, we will give them the opportunity to vent, and they will even be more likely to pay attention to us when we want to talk.

On the other hand, there are those families who take advantage of the family meal to discuss issues in an unconstructive manner and to encourage problems and conflicts. Some of these communication barriers occur when we show a tendency to rush while the other person is speaking to us, trying, for example, to finish their sentences.

**It is also inappropriate to respond evasively or to quickly judge** messages that we received. Of course, it is of no use to always want to be right, to put labels and ask questions that insinuate reproaches to the other person.



**It is totally counterproductive to ironize, ridicule or minimize the problem** who is telling us our son or daughter.

Some parents have an authoritarian attitude that creates an unpleasant atmosphere for communication around the table. Sometimes this happens because they fear losing control of the situation and they use orders, shouts and threats to force the child to do what they want. To do something, without taking into account their needs and seeking authority even through force.

Especially with the arrival of the adolescence, too **there are fathers and mothers who fall into the habit of downplaying and downplaying the importance of their children's problems and daughters** thinking that its relevance it is very small compared to the problems we adults have.

Phrases like “don't worry, this isn't that bad” are sometimes used with the intention It is possible to reassure a child or adolescent who is overwhelmed and in the midst of an internal conflict, but the result will surely be an almost immediate rejection of the adult who

is perceived as very unresponsive to his or her needs. This type of response does not calm our sons and daughters, but **they promote their anguish and a feeling of loneliness and guilt.**

In the face of parents who give one-sided sermons and lectures highlighting only the importance of adult issues, the best way to truly take advantage of shared family spaces, such as meals around the house, is to a table, it is **adopting a position of effort to maintain communication open** that takes into account everything that the other is transmitting to us, being willing as adults to understand the feelings of the little ones and the depth with which the problems affect them, as well as their need to talk about how they feel, accepting the sons and daughters as they are and helping them to improve as people.

These occasions can serve to share hobbies, comments about trips, how things went at work or at the institute, trying to give information in a positive way, with consistent messages, asking others to give us their opinion, being clear when asking for information and expressing ourselves, and leaving blame aside.

By surrounding ourselves with all these benefits at the most important nutritional moment of the day, we are getting **many benefits at the same time and all of them related to the both physical and mental health.** In the next block we continue to delve deeper into these aspects of health and nutrition.



# **BLOCK II**

## **HEALTHY EATING HABITS**









## *Keys to good nutrition*

A balanced diet is one that contains all the foods necessary to achieve optimal health. The Spanish Society of Dietetics and Food Sciences (SEDCA) identifies the following as the main food groups for maintaining a balanced and healthy diet:

■ **Meats and derivatives:** These include red meat, poultry, fish, seafood and processed meat products. They are an important source of protein, iron and zinc.

■ **Dairy products and derivatives:** They include milk, yogurt, cheese and other dairy products. They are rich in calcium, vitamin D and protein.

■ **Cereals and derivatives:** They include foods such as bread, rice, pasta, breakfast cereals, flours and legumes. They are a main source of carbohydrates, fibre and some B vitamins.

■ **Fruits and vegetables:** Include all fresh, frozen or canned fruits, as well as vegetables. They are rich in vitamins, minerals and fiber.

■ **Fats and oils:** They contain vegetable oils, butter, margarines and other products rich in fat. They are a source of energy and provide essential fatty acids.

■ **Sugars and sweets:** This group includes foods such as sugar, candy, cakes and other sweets, and it is always recommended that they be consumed in moderation.

It is important to remember that each food group has different nutritional properties, and it is necessary to consume a variety of

them to obtain all the necessary nutrients. To help us in this task, there are a series of guides for classifying food groups and recommended quantities, such as the Food Wheel, the Food Pyramid and the Harvard Plate.

## *The food wheel*

A graphical tool used to represent and organize the different food groups in a balanced diet. Its purpose is to help people understand how to combine and distribute foods to obtain adequate nutrition.

This wheel is a general guide and each person can adapt it according to their needs and dietary preferences. The aim is to achieve a balance between the different groups to obtain a complete and healthy diet.



## The food or nutritional pyramid



On the other hand, **the Food Pyramid**, also known as **the Food Pyramid or Nutritional Pyramid**, is another graphic representation that classifies foods according to our nutritional needs, with the aim of helping us combine and distribute foods in an equally healthy and balanced way. We explain how the types of foods are organized in the pyramid:

- **Fruits and vegetables:** At the base of the pyramid, there are fruits and vegetables. These fresh foods provide us with fiber, minerals and vitamins (mainly vitamins A and C). They are low in fat and contribute to a healthy diet.
- **Cereals and derivatives:** In the second level, we find foods such as cereals, bread, rice, flour, potatoes and fresh legumes. These foods provide complex carbohydrates (such as starch and fiber) and are essential to provide the daily energy that our body needs.
- **Meats and fish, dairy products, eggs and legumes:** In the center of the Food Pyramid, we find two groups: Dairy: Milk, yogurt, cheese and other dairy products rich in calcium and proteins. Meats, fish, shellfish, eggs and legumes: Sources of proteins and minerals such as iron and zinc.
- **Oils and fats:** In the fourth level, there are vegetable oils and fats. They provide energy and essential fatty acids, but should be consumed in moderation.
- **Sugars:** In the fifth level, there are sweet and sugary foods. These should be consumed in moderation due to their high calorie content.

## EL PLATO PARA COMER SALUDABLE

**ACEITES SALUDABLES**

Use aceites saludables (como aceite de oliva o canola) para cocinar, en ensaladas, y en la mesa. Limite la margarina (mantequilla). Evite las grasas trans.

**AGUA**

Tome agua, té, o café (con poco o nada de azúcar). Limite la leche y lácteos (1-2 porciones al día) y el jugo (1 vaso pequeño al día). Evite las bebidas azucaradas.

**VEGETALES**

Mientras más vegetales y mayor variedad, mejor. Las patatas (papas) y las patatas fritas (papas fritas/papitas) no cuentan.

**GRANOS INTEGRALES**

Coma una variedad de granos (cereales) integrales (como pan de trigo integral, pasta de granos integrales, y arroz integral). Limite los granos refinados (como arroz blanco y pan blanco).

**FRUTAS**

Coma muchas frutas, de todos los colores.

**PROTEINA SALUDABLE**

Escoja pescados, aves, legumbres (habichuelas/leguminosas/frijoles), y nueces; limite las carnes rojas y el queso; evite la tocineta ("bacon"), carnes frías (fiambres), y otras carnes procesadas.

**¡MANTÉNGASE ACTIVO!**

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## Healthy eating plate

Created by nutrition experts at the Harvard School of Public Health, it is another visual guide with the same purpose of helping us create healthy, balanced meals. Here are the key components of the Healthy Eating Plate:

- 1. Vegetables and fruits (½ plate):** Try to incorporate variety and color. Exclude potatoes, as they do not count as a vegetable due to their negative effect on blood sugar.
- 2. Whole grains (¼ of plate):** Includes whole wheat, barley, quinoa, brown rice, and other intact grains. These have a more moderate effect on blood sugar and insulin than refined grains like white bread or white rice.

**3. Healthy proteins (¼ of the plate):** Fish, chicken, legumes and nuts are excellent options. Limit red meat and avoid processed meats such as bacon and sausages.

**4. Healthy plant oils (in moderation):** Choose vegetable oils such as olive, soy, corn or peanut oil. Avoid partially hydrogenated oils (unhealthy trans fats).

**5. Drinks:** Opt for water, coffee or tea. Avoid sugary drinks and limit juices.

In addition, the visual representation includes the figure of a person running with a sign that says “Stay active!”, as a reminder that physical activity is also important for healthy balance, an aspect that we delve into in the next block. of this guide.

Again, it is important to remember that the Food Pyramid is a general guide that can be adapted to suit a person’s needs, preferences, specific health status, age, physical condition, and amount of activity. The same applies to the recommendations from the Harvard Plate.

In summary, **the main message** from The Healthy Eating Plate is **to focus on the quality of the diet.**

The type of carbohydrate in the diet is more important than the amount of carbohydrate in the diet, because some sources of carbohydrate – such as vegetables (other than potatoes), fruits, whole grains, and legumes – are healthier than others.

**The plate method is intuitive and flexible.** It is not necessary to combine all the ingredients on a single plate, but they can be distributed throughout the day in different dishes if preferred. In addition, for boys, girls and adolescents we will have to adapt the needs, as we indicate in the following section.







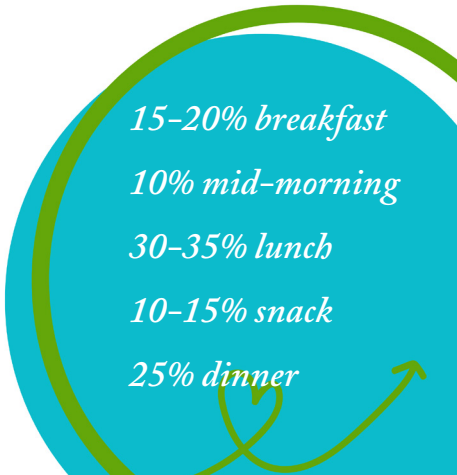
## *Nutrition in childhood and adolescence*

Learning and teaching children how to eat is one of the basic functions of the family. Although children use the school canteen, it is essential that there is supervision at home of what children eat on a daily basis and that the rest of the meals that are eaten together with the family at home are carefully and coherently taken care of.

It is advisable, for example, that **children and adolescents should eat about 5 meals a day**. These include breakfast made at home or lunch prepared to be eaten at school during recess.

Therefore, as parents we must never lose sight of the fact that the diet of children and adolescents must be varied, at a vital time when their body is developing both physically and cognitively, and that both Good nutrition and physical exercise **will depend on whether we are laying strong foundations for their physical and mental potential**.

Therefore, the calorie consumption in a varied diet will be divided into 4 or 5 meals per day with this approximate calorie distribution:



In general terms, the proportion of macronutrients recommended by the World Health Organization (WHO) for children, adolescents and adults does not vary much and is as follows:

■ **Carbohydrates:** They represent approximately 55% of total caloric intake. The brain uses carbohydrates as its main source of energy. They are found in cereals, pasta, bread, legumes and vegetables. High consumption can cause weight gain.

■ **Proteins:** They make up around 15% of total caloric intake. They are found in meat, fish, eggs, milk and dairy products. They are necessary for growth, but an excess can put the body at risk, especially for organs such as the liver and kidney.

■ **Fats:** They make up approximately 30% of total caloric intake. Fats are essential nutrients for humans and for the proper functioning of the body, provided they are consumed in the right quantity and quality. There are two types of fats: saturated (of animal origin) and unsaturated (of vegetable origin). A diet rich in unsaturated fatty acids is healthier and prevents certain diseases; on the contrary, an excess of saturated fats increases cholesterol and can pose a risk for the development of other diseases.



Overall, some basic recommendations are:

- Limit consumption of butter and margarine, industrial pastries, excess meat, sweets and snacks.
- Reduce consumption of salt and sugar, including fizzy drinks and juices.
- Increase consumption of fruit and vegetables.
- Ensure consumption of dairy products.
- Promote continued physical exercise. An active life in childhood and adolescence helps health in adulthood.

Regarding spaces and times for family meals, other equally relevant recommendations are:

- **Let's take care of breakfast:** it is of fundamental importance and should never be eliminated. A good breakfast improves nutritional status and ensures the supply of nutrients that the body needs to start the day with energy. There are children and adolescents who go to school without having breakfast, and this could lead to greater fatigue, weakness, lack of concentration and irritability. The **lack of glucose causes the brain**

**to use other types of reserves**

and this leads to an alteration in the normal functioning of the body. Breakfast provides, however, faster thinking, greater attention and better communication with the environment.

- Having breakfast, lunch and dinner **sitting at the table**, if possible as a family, and in a relaxed atmosphere.
- Offer children a **regular meal times**, taking advantage of these meetings to promote good dietary practices, never using meals as a source of discomfort or punishment.

When children are of preschool age, it is very important to be flexible in adapting the diet to the indications of pediatricians and midwives, taking into account the individual needs of the child, their preferences and aversions, and the recommended schedules.

When the **child reaches school age**, they produce greater caloric expenditure by increasing their physical activity and cognitive demands at school, which is why their food intake increases, constituting a key stage to continue with the nutritional quality of what we offer to them. the minors, who **will demand more sweets and**

**pastries from us during these years.**

A few years later, during adolescence, nutritional requirements increase again due to rapid body growth during puberty and the gain in body mass and fat.

This stage of development is especially relevant for the person whose identity is being formed to be comfortable with their changing body while nourishing it accordingly.

In fact, dissatisfaction with one's own body leads to some important problems related to nutrition, such as Eating Disorders, to which we dedicate an entire section in this Block of the guide. But let's continue first by talking a little more about certain foods and their relationship with health.



## *Processed foods, sugars and health*

Sometimes, the rush in the morning, the difficulty of shopping calmly, **the lack of time or ideas** to prepare the midday meal or dinner, **lead us to resort to packaged, processed, prefabricated foods**, which help us save time and effort.

It is faster and more convenient, for example, to put some industrial pastries in the little one's backpack as a school lunch, or to put a pizza in the oven for dinner, because in 10 minutes we have the family having dinner with something that the children usually like the children, thus avoiding starting to cook at the end of the day with the fatigue that many adults have already accumulated at that time, as well as fights with the sons and daughters for their complaints about a healthy dinner but more tasteless to their palate and expectations of a pleasant closing of the day. It is important to turn to alternatives.

We are talking about **a topic that is related to the problem of overweight**, which is also a very widespread fact in our country. In Spain, childhood overweight is an important challenge for public health, since the data on overweight and obesity in the child and adolescent population are among the highest in Europe. It is estimated that approximately

**one third of our children and adolescents are overweight**, and that one in ten is obese. These data highlight the importance of addressing overweight from an early age through strategies to promote healthy eating habits and physical activity. **Awareness and education are essential to prevent** and treat this problem in children and adolescents.

The ALADINO study, in the context of the COSI (Childhood Obesity Surveillance Initiative) strategy for monitoring childhood obesity in Europe, of the European Office of the WHO, has monitored the situation of Spanish schoolchildren aged 6 to 9 years in recent years, and has analysed the factors associated with suffering from overweight and obesity.

Some key findings they comment on are that: **a percentage high number of schoolchildren do not eat breakfast regularly**, and the quality of this food could be improved; in addition, the frequency of consumption of fruits and vegetables is low compared to other countries participating in the COSI strategy; schoolchildren spaniards are less active than the European average; obese children tend to be more sedentary, spend less time sleeping and are more likely to have

a TV or electronic devices in their bedroom.

It is a priority **facilitate access to healthier diets and the promotion of lifestyles more active** and less sedentary, both in the family and school environment, from an early age. Awareness and education about eating habits and physical activity are essential to address this health problem in the child and adolescent population. This awareness also includes the issue of excessive consumption of processed products and sugars, with proven negative consequences for health.

Some of the most important consequences are the following:

- **Cognitive problems:** A high sugar diet can affect the cognitive function of the brain. Increased blood glucose levels influence the hippocampus, which can result in decreased ability to concentrate, pay attention and remember.
- **Anxiety and depression:** The overall quality of the diet is inversely associated with the presence of anxiety, stress or depression. Excessive sweets can contribute to alterations in psychological well-being in this regard.





■ **Dermatological problems:** The excessive sugar consumption can promote sebum production, which worsens conditions such as rosacea or acne.

In addition, the consumption of ultra- processed foods, such as battered foods, pastries, sugars and fast food, has also been linked to an increase in the suffering of **cardiovascular diseases** and others like these:

■ **Inflammation of the liver:** The Frequent consumption of processed foods can affect liver function and cause inflammation in the liver.

■ **Gallstones:** These are hardened deposits that form within the fluid in the gallbladder. Eating too many processed foods may increase your risk of developing gallstones.

■ **Gallbladder damage:** Deterioration of the gallbladder due to a diet rich in processed foods may lead to the need to surgically remove it.

■ **Increased risk of developing diabetes:** Processed foods are often high in unhealthy sugars and fats, which can contribute to the development of type 2 diabetes in children.

A major challenge for families (and schools in their school cafeterias) is to offer healthy options to children without sacrificing taste.

From this guide we recommend trying **healthier sweet alternatives such as:** Oatmeal, banana and almond cookies: these cookies are crunchy and healthy and have no added sugar, and are an excellent alternative to industrial cookies; Banana and coconut cookies with sunflower seeds: the banana and coconut give them a good flavor and energy; Apple Oatmeal Cookies:

Rich in fiber, these cookies are a great replacement for commercial sweet options; Pumpkin and oatmeal pancakes: they incorporate two ingredients that are nutritious and children tend to like; Oatmeal and nuts fitness bars: crunchy and healthy, these bars are a great source of energy and nutrients; Grilled chicken and lamb's lettuce sandwich, avocado and cheese sandwich with turkey, or smoked salmon sandwich with mixed lettuce and white cheese spread.

Variety with boys and girls is key, so **it is recommended introduce fruits, vegetables, healthy proteins and whole grains into little ones' diets in creative ways.** Teenagers will be more actively involved in choosing the daily menu and may help more in the kitchen.

Keep them close **in the moment cooking** can be very useful, since monitoring what they eat is a task that becomes increasingly difficult as they grow older. Therefore, in this guide **we continually advocate to value time and family sharing space** also the entire process of feeding.

In the adolescent stage, even more important, due to the profound changes that the body is experiencing and which



*A challenge for families and school cafeterias is to offer healthy options without sacrifice flavor*





sometimes lead to dissatisfaction with one's own body image. In the following section we delve into the relationship between nutrition,

body image and another entity that has had a lot of influence on these issues in recent times, such as social networks.







## *Social media, body image and nutrition*

At the end of childhood, there is a hormonal trigger that occurs around 10-11 years of age and produces a transformation in almost all parts of the body. These changes also significantly affect the general weight of the person in puberty, which also increases, although this increase depends in part on heredity, diet and physical exercise that the growing person performs.

Thus, in general, girls gain more weight than boys at this stage of development, and this increase is mainly in fat (on average twice as much as boys), while boys gain weight mainly in muscle.

For this reason, **adolescent girls often notice that their bodies are gaining weight and adolescent boys that their bodies are now becoming stronger.** This fact means that it is generally girls who have more problems adapting to their “new body” than boys. In fact, they tend to develop more problems with depression, anxiety, low physical self-esteem, and eating disorders during this period of life, compared to men.

Nowadays, social networks exert a strong influence on the perception of beauty and on the social comparison processes that young

people carry out on their developing body. Some of **the beauty stereotypes that are projected from these platforms are:**

### 1 *Extreme thinness*

Social media often promotes the idea that beauty is associated with extreme thinness. **Images of models and celebrities** with very thin bodies can lead to people, especially in their teens, feeling pressured to reach an unattainable standard.

### 2 *Perfect skin without imperfections*

Retouched and filtered photos on social media **create the illusion of flawless skin**. This can create insecurities in those who do not see such perfection, especially among younger people with oily skin and a tendency to acne.

### 3 *Eurocentric beauty canons*

Beauty standards are often based on Eurocentric features, like having **light skin, big eyes and straight hair**. This excludes diversity of beauty present in different cultures and ethnicities.

### 4 *Muscular and defined bodies*

Images of muscular and toned bodies are common on social media. This **can lead to people feeling pressured** to achieve a similar physique, even if it is not healthy for them.



## 5 *Digital perfection*

Photo editing apps and **filters allow us to create an idealized version of ourselves**. This can lead to a constant search for perfection and constant comparison with others.

Ultimately, social media often perpetuate unrealistic beauty stereotypes, which can affect the self-esteem, mental health and perception of adolescents, young people and adults.

It is important to remember that **beauty is subjective and diverse, and we shouldn't constantly compare ourselves to the idealized images** we see online. In fact, the comparison between these images and our own perception of



our body image has been linked to the risk of developing problems related to eating behavior.

EI The use of image filters in applications such as Instagram or TikTok can have a significant impact on our mental health, through **a phenomenon known as “selfie dysmorphia”, a type of body dysmorphic disorder** that has its roots in the use of these filters and that alters the image we have of ourselves. The key is that these filters can modify our appearance in various ways, from small cosmetic touch-ups to more drastic changes to our facial and body features.

Distortion of the actual image can lead to a distorted perception of how we look in everyday life. Selfie Dysmorphia is a body dysmorphia, **a disorder in which a person becomes obsessed with defects in their appearance that are not perceptible to others**, and manifests itself with the excessive use of filters and the search for unattainable perfection. This fact is associated with a very weak physical and body self-esteem, which leads them to abuse edited images and promote stereotypical beauty, creating unrealistic standards.

In short, it is important to be aware

of the use of filters and **remember that body diversity is natural and beautiful**. Here the work with the little ones is to instill in them that we should not base our self-image solely on edited photographs, but rather accept and value our appearance as it is.

It is also essential that parents are aware and attentive to the way their sons and daughters use social networks, in order to encourage healthy use. **Education about the veracity of online information and the promotion of a positive body image** are essential to protect the mental health of adolescents.

At the extreme, we have examples of the serious risks of misuse of the Internet and social networks.



*Certain pages  
foster a negative  
view and promote  
self-imposed  
demands*



These pages **constitute online communities that encourage and promote Eating Disorders (ED)**, specifically anorexia and bulimia. In these forums and communities, people who suffer from an eating disorder gather to seek comfort, advice and understanding in difficult situations and emotional suffering. Joining this community is presented as a solution to resolve your difficulties and feel better.

The content of these pages usually includes, for example:

- **Weight Loss Tricks:** These pages often present tips and tricks for extreme weight loss.

- **Hide problems from the family:** provide strategies to hide eating problems from the family.

- **Messages of high demand and punishment:** they encourage a negative view of oneself and promote self-criticism and self-demand.

- **False promises:** These pages deceive people by promising that following these habits and adopting this lifestyle will solve their difficulties. In reality, following these patterns only leads to more suffering and confusion.

It is essential to approach these pages from a legal, educational and health approach. In addition, we **must help young people develop a critical view of messages on social networks and be alert** to warning signs that indicate the presence of a psychological disorder.





## *Eating disorders*

The definition of health provided by the World Health Organization (WHO) refers to the “**state of complete physical, mental and social well-being, and not merely the absence of disease** odrisease”. This point of view bio-psycho-social can also be applied to eating problems, which are considered the consequence of multiple causes acting interactively.

Thus, there are various risk factors that can eventually lead to the development of an Eating Disorder (ED), where food intake is part of a bad habit that can trigger a poor energy balance that endangers both the health and, sometimes, the life of the person.

**The family is key** in this sense, both, on the one hand, to sometimes explain the origin of the problem and, on the other, to help in its detection and solution. There is increasing evidence that although eating disorders are complex phenomena in which several variables intervene, the role of the **attachment can be considered fundamental**. Thus, people with eating disorders present altered attachment patterns and more insecure bonds than the non-clinical population.

In addition, aspects such as learning about eating habits in the family or encouraging the ideal of thinness in the youngest children are transcendental issues. The beliefs, traditions and knowledge that the family has about food shape the tastes, preferences and food aversions of all its members. and **are sometimes the origin of feeding problems in sons and daughters.**

A very dominant, restrictive and demanding family context regarding food intake and physical appearance can also imbue the moment of eating with negative emotional nuances that cause a lack of appetite and rejection of food.

An increasingly common example is seen in cultures where girls, from such early ages like three to four years, **come out immersed in the logic of the stylized figure through very demanding activities, such as ballet or rhythmic gymnastics**, nails activities that, on the other hand, well understood and adjusted to the age at which they are practiced, they do not have to pose a potential danger.

The group of friends also plays an important role in eating problems,

mainly in the adolescent stage, where these problems are more frequent and friendships acquire a special relevance and a privileged position of influence in decision-making. In fact, it is common that **adolescents with eating problems form their own groups** in which they feel understood and supported.

The Internet is a very useful resource for these groups, as we discussed in the previous section, and in fact, in recent decades there has been a great proliferation of web pages where young people, through virtual communities, minimize the risks and repercussions of such serious problems as anorexia and bulimia.



*The beliefs,  
traditions and  
family knowledge  
goes configuring  
tastes and  
preferences*





Currently, **thousands of teenagers with these types of problems have taken refuge in these networks social**, creating an unreal world, in which they develop their own language and codes.

Finally, also the culture where children grow up and are educated, Girls and adolescents have a relevant role. There are societies where young people come to associate personal, social and professional success very closely with physical appearance and, in particular, with the current ideals of slimness, attractiveness, elegance and thinness. These ideas are internalized from childhood through comments and information that

come from different sources, such as through the media, social networks, or even simple conversations in daily life where, for example, one hears a criticism about someone's "extra pounds" or praise about another person's weight loss.

It is not surprising, therefore, what, **in this culture of praise to the body, cosmetic surgeries are being performed at increasingly younger ages early**. All these aspects, they reflect the growing general importance placed on physical appearance, which is even more noticeable in the adolescent stage, where numerous biological changes are occurring from puberty onwards and there is an added challenge of facing these changes and integrating them into the person's identity.

Parental support and family communication will play a fundamental role in prevention. In fact, **eating with the family** is not It will not only allow you to have the time and space to enjoy free time with your sons and daughters, but also the place par excellence for **to be able to detect possible problems** related to it early on with food.

*There are societies where young people associate success personal, social and work with the physical appearance*

The most common eating disorders are bulimia nervosa and anorexia nervosa, which involve an unhealthy relationship with food and can have serious consequences for the physical and mental health of those who suffer from them. These disorders are more common among young girls and adolescents, placing **the principal prevalence among women aged 12 to 21 years, who represent approximately 5% of the population.** Of the total cases, 9 out of 10 affect women, although the percentage of boys suffering from eating disorders has been increasing in recent decades.

We also know that some population groups are more exposed to the

risk of suffering from an eating disorder, especially those whose profession or hobby is related to the importance of the body, such as athletes, dancers, models and gymnasts.

Both anorexia and bulimia have many of the same symptoms, especially excessive concern about weight, overvaluation of body image, and fear of weight gain, although they also have relevant differential characteristics that we discuss in the following sections.



## 1

**Anorexia nervosa** →

The fear of gaining weight and being overweight can become a major problem when a person refuses to eat. This is precisely what happens in anorexia nervosa, that is, the person decides to voluntarily stop eating because of the intense fear of gaining weight. Most of the people affected are young girls, and in fact, it has been detected that the age of onset is decreasing, as cases of anorexic girls at the age of 10 have been found.

The Association Against Anorexia and Bulimia (ACAB) reports that **there is also an increasing percentage of children suffering from anorexia nervosa**, which represents around 10%. The total number of people affected is estimated at between 1-3% of the general population. It is the eating disorder with the highest mortality rate due to severe starvation problems.

The person imposes a restriction on caloric intake that progressively becomes more severe, as over time the diet moves to avoiding meals, skipping eating moments, looking for excuses not to sit down at the table,

an aspect that is often accompanied by other habits such as excessive consumption of water, stimulating drinks and diuretic foods.

People who suffer from anorexia may also hide food in pockets or other places so that others do not detect their purpose not to gain weight. **Thoughts are always obsessive about food**, with fear and anxiety about being obsessed, making food the center of their life and their constant concern.

This serious eating disorder leads to a state maintained from **malnutrition that can even lead to death**, due to the weakening of vital organs by starvation, that is, by the extreme reduction of nutrients, vitamins and energy necessary for the functioning of the body.

The concept and definition of eating disorders have evolved over time. In order to diagnose an eating disorder, health professionals use a manual called **DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) published by the Society American Academy of Psychiatry**. In relation to previous diagnostic classifications, the



DSM-5 has been one of those that has incorporated the greatest changes, both in relation to the grouping of disorders, as well as in the definition of new categories and some of the diagnostic criteria. However, it should be noted that in clinical practice, eating disorders are considered to be a continuous process that along which **there are different ones disorders that differ only in severity the symptoms**. In this sense, it is more common that before reaching a complete picture, atypical eating disorders are found (clinical picture that presents with anxiety or deterioration in social life, but does not meet the complete criteria of typical TCA) or risk behaviors for TCA.

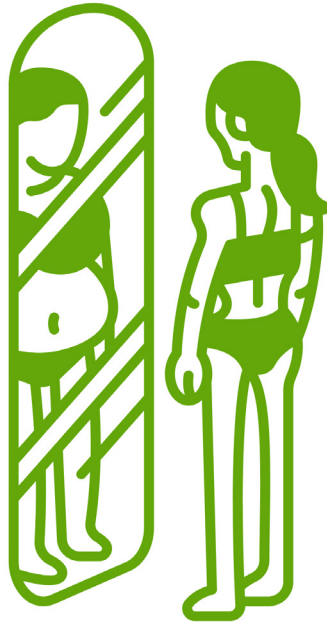
The following criteria are considered in the DSM-5 to diagnose anorexia nervosa:

## *Criteria para diagnosticar la anorexia nerviosa*

- **Restriction of energy intake in relation to needs**, which leads to a significantly low body weight in relation to age, sex, developmental course and physical health. Significantly low weight is defined as a weight that is below the minimum normal or, in children and adolescents, below the minimum expected.
- **Intense fear of gaining weight** or becoming fat, or persistent behavior that interferes with weight gain, even at a significantly low weight.
- **Alteration in the way one perceives one's own weight** or constitution, inappropriate influence of weight or body constitution on self-evaluation, or persistent failure to recognize the severity of current low body weight.

In addition, **the severity of the diagnosed disorder can be specified in based on the Body Mass Index (BMI)** with labels of mild, moderate, severe or extreme: mild if the BMI is greater than 17 and extreme if the BMI is less than 15 (remember that the normal BMI is between 18.5 and 24.9).

**Other physical symptoms of anorexia nervosa include** amenorrhea in girls (absence of menstrual period), abdominal pain and vomiting, chronic constipation, dry and dehydrated skin, anemia and dizziness, muscle cramps, hair loss, weak nails, hypotension, cardiac arrhythmias, halitosis, irritability, insomnia, difficulty concentrating, among others. Above all, a significant weight loss that leads to a generalized picture of malnutrition.



Some people are more vulnerable than others to anorexia nervosa. Teenagers who are very concerned about their physical appearance are one of the groups most likely to suffer from this eating disorder that requires great doses of willpower and self-control. Therefore, it is not by chance that the profile of an anorexic person is mostly that of **a person in charge and studious, who tends toward exaggerated perfectionism.**

These are often teenagers who are good students and whose parents

define them as very formal and demanding with themselves. They also present, however, important **emotional problems such as low self-esteem and anxiety.** When the problem is very advanced, poorer academic and social performance also appears because their thinking becomes extremely obsessive and they have serious difficulties concentrating on anything other than eating, which causes a deterioration in their goals in other areas and in their social relationships.

## 2

### *Bulimia*

A person suffering from bulimia consumes large amounts of food in an uncontrolled manner, quickly and in a short period of time (what is known as “binge eating”), and then tries to get rid of the high calorie consumption that has been ingested through “purges”, such as inducing vomiting, temporary fasting, vigorous exercise, restrictive diets or the use of laxatives and diuretics, all of which is done in a hidden manner.

This eating disorder **it is more common than anorexia nervosa**

(it is estimated that this percentage is three times higher in the general population) and is also more likely to develop in people who are obsessed with their body image and weight.

According to the DSM-5, the following diagnostic criteria must be met for a diagnosis of bulimia:



## Criteria for diagnosing bulimia

■ **Recurrent episodes of binge eating.** A binge eating episode is characterized by the following two facts:

1. Ingestion, in a given period (e.g., within any period two hours), of a **quantity of food that is clearly superior** that which most people would ingest in a similar period under similar circumstances.

2. **Feeling of lack of control over what is ingested** during the episode (e.g., feeling like you can't stop eating or control what or how much you eat).

■ **Recurrent inappropriate compensatory behavior** to prevent weight gain, such as self-induced vomiting, incorrect use of laxatives, diuretics or other medications, fasting or excessive exercise.

■ Binge eating and inappropriate compensatory behaviors occur, on average, **at least once a week for three months.**

As with anorexia, severity can also be specified as mild, moderate, severe, or extreme: mild when an average of 1–3 episodes of inappropriate compensatory behaviors occur per week, and extreme when an average of 4 episodes of inappropriate behaviors occur per week.





**People with bulimia**, they are usually of normal weight or even overweight, unlike anorexic people. However, even if they maintain the correct weight, the physical complications of bulimia are still very dangerous, although in this case there are no cases of starvation or extreme malnutrition. But, for example, it is frequently appear **many digestive and heart problems**, along with a significant loss of nutrients necessary for the body due to the induction of vomiting. The frequent passage of digestive acids through the esophagus ends up damaging it, while producing serious dental erosions. Teeth lose their protective plaque and become yellowish and

more prone to cavities. Sometimes they also appear **sores and calluses on the fingers** that are introduced into the throat to induce vomiting.

Other psychological and emotional problems associated with this eating disorder are **depression, anxiety, distress, difficulty controlling impulses**, substance use (alcohol abuse, for example, as an anti-anxiety remedy), lies to hide their problem and severe feelings of guilt about their behaviour, especially after a binge.

3

### Señales que alertan del peligro

People who are close to, live with or work with teenagers can detect certain signs that warn of the development of an eating problem such as those described in the previous sections. **Detecting cases of anorexia nervosa and bulimia can prevent many health problems** in the people who suffer from them, since those involved will not take

the initiative to share their problem with others, and in most cases they would not even admit it.

**If we answer yes to some of these questions**, we can consider the possibility of being faced with warning signs that deserve further investigation:



### *Questions that alert us to eating disorders*

- Does the person protest when people insist on eating?
- Do they feel remorse after eating?
- Are they always worried about food?
- Do they always ask what they will have for dinner and complain if it is high-calorie food?
- Do they weigh themselves very often and attach great importance to their weight?
- Do they often look in the mirror and express sadness and/or anxiety about seeing themselves as very fat, despite being of a normal weight?
- Have they lost a significant amount of weight lately?
- Do they constantly follow severe self-imposed diets?
- Do they skip or refuse meals?
- Do they frequently consult websites or social media posts related to body image and diets?

In the particular case of **anorexia nervosa**, these are some signs of danger:

- The person hides food or breaks it into small portions to eat it more slowly or in smaller quantities (however, the plate appears to be full both to the person and to any observer).
- The person increases physical exercise significantly, which can be done compulsively in order to lose numerous calories through this activity.
- The person is very anxious, especially when trying to maintain a conversation about food, and also shows signs of depression.
- There are always changes in the eating habits that the person had until then, as well as in their way of relating to food.
- It is likely that the person begins to prohibit themselves from certain foods, mainly those with a high caloric and fatty content, such as sweets, and also avoids certain forms of cooking (fried and battered foods are replaced with roasted and boiled foods).
- The person may sometimes become interested in making his or

her own food or in controlling the person making it, pointing out how much food to put on his or her plate or what type of food would be best for him or her to cook.

- The person with the disorder may also try to skip meals without being caught and make excuses for not eating.

In the case of **people with bulimia**, the main sign is the existence of binges, that is, if they eat a large amount of food in a short period of time and does so in an anxious and compulsive manner; then he or she is very likely to systematically go to the bathroom (sometimes even in the middle of meals) and lock himself



*They replace their social activities with solitary ones such as listening to music or study alone*



or herself in for a while (this is the time to induce vomiting).

**Constant restlessness is another sign** present in people who suffer from these disorders. They have a hard time feeling relaxed and constantly seek activity, in matters as simple as stopping taking the elevator and starting to use the stairs to go up to their home, or stopping using public transportation and choosing to walk to their destination. **Their character is becomes more angry**, and at the same time more reserved and less sociable, not wanting to share activities with friends and replacing them with solitary activities, such as listening to music or studying alone in their

room. All this is combined with frequent comments about their dissatisfaction with their weight and body image.

If one or more of these signs are detected in a teenager, **the main advice is to spend a reasonable amount of time observing** whether there are other related clues, since sometimes the fact that some of these clues appear is not informative the existence of an eating disorder, but rather a temporary change in behavior or physical condition that is typical of adolescence (for example, temporary cessation of menstruation along with decreased appetite and a more emaciated physical appearance).



It is advisable to talk to the teenager about how he or she feels or ask him or her if he or she has any problems, emphasizing support and understanding that you want to offer, but **without issuing that it is suspected that he suffers from a problem of feeding** so as not to provoke a negative defensive reaction. Rushing to conclusions and diagnoses will not benefit either party. Now, **if the suspicion has sufficient grounds, you should not hesitate to go to a professional** who can confirm the existence or not of an eating problem, be it a family doctor, a psychologist or go to any outpatient clinic or specialized unit

where professionals are available in the treatment of these disorders.

Likewise, there are associations focused on these problems that offer the necessary information to guide people who require it and help them make decisions to find an appropriate solution.





## 4

### Prevention and intervention in eating disorders

It is important to note that, despite their severity, eating disorders are treatable. People who seek help can significantly improve through psychotherapy and support from specialized professionals, such as doctors, nurses, nutritionists, psychologists and psychiatrists. This is because once an eating disorder has been detected and diagnosed, TCA, **the treatment is usually multidisciplinary**, that is, it is necessary that they intervene **professionals from different disciplines**, since the treatment will usually require psychological

therapy along with dietary modifications and, in extreme cases, hospitalization is necessary.

When the first symptoms and signs are detected or if there is any doubt about the existence of an eating disorder, it is essential to go to one of these specialists. **This guide It is not intended to help parents cure their children this type of disorders**, but to help them to have the basic elements necessary to be able to detect them. As we say, it will be up to professionals to correct malnutrition and its

consequences, as well as to resolve the psychological and behavioural problems that TCA maintains.

**The treatment is usually long and requires a lot of motivation** by

the main immediate objective is to improve the nutritional status of the person, which means that the person understands and accepts his or her problem, a complicated issue in some cases, where there is a strong refusal to accept his or her thinness or the severity of the associated physical and emotional problems.

The person must **understand that professionals want it to be recover** and reach a balanced minimum weight that allows them to lead a normal life.

Preventing relapses will be another fundamental objective, in order to try to control the eating disorder in the long term.

The best results are obtained when the family's eating habits are modified so that the patient shares the family diet with a regular schedule and a varied and balanced diet, following the guidelines and recommendations of experts. For example, it is recommended that patients do not eat alone, that they do not get up from the table until the meal has finished, and that they try to enjoy a pleasant, warm and communicative atmosphere during this family moment.

# **BLOCK III**

## **PHYSICAL ACTIVITY AND SPORTS WITH THE FAMILY**







## *Physical-sports practice in childhood and adolescence is health*

For the World Health Organization (WHO), the key to the implementation and development of healthy lifestyles from the earliest ages includes the importance of **practice in physical-sports activities**.

This is due to the large number of benefits that the scientific community has been highlighting derived from the practice of sports in children, both at a behavioural, cognitive and emotional level. In this way, a healthy life is a scenario in promotion and education for the health of all the members that make up the family, going beyond health, since it also takes care of other fundamental areas, such as social relationships. And **we must understand health as a complete state of physical, mental and social well-being**, since there is an interaction between these factors that affect the general health condition of people.

On the other hand, although the tendency that exists in the population to acquire unhealthy lifestyle habits is becoming a growing concern, in adolescence this deterioration is even greater in recent times, being an area of priority attention, since research on the benefits of physical and sports



activities has empirically shown their benefits at all ages and even an important association with increased life expectancy.

In recent decades, there has been a **concern** among health professionals and the educational field regarding the **low levels of physical activity in minors and the increase in sedentary behaviors** in the stages of childhood and adolescence.

According to data from the Ministry of Health (2022), more than two-thirds of schoolchildren in our country do not practice the recommended levels of physical-sports activity, and almost half are overweight. According to the WHO, more than half of the adolescent population is apathetic about practicing physical- sports activity. The practice reported by our minors does not **reach the experts' recommendation of doing at least 60 minutes per day of moderate-vigorous intensity physical activity** for boys and girls between 5 and 17 years old.

These aspects are causing some relevant consequences at a personal, emotional and social level in our children.

The levels of physical and sporting

activity of the adult population are also well below those recommended, and with age, these levels decrease. Therefore, effective promotion is urgently needed to help reduce the alarming rates of sedentary lifestyle in our general population, starting with appropriate educational guidelines from the first years of life.

On the other hand, the influence of the practice of physical-sports activity not only affects physical health as we say, but what **also has an impact directly on other factors of the comprehensive development of the persona**, and in particular children, girls and adolescents, as it has been linked, for example, to improved academic performance and self- esteem, and has also been identified as a protective factor against drug use.

Research in this field has also shown that the practice of physical-sports activity regulates the development of positive values in young people, being **a modulator of behavior towards others with an effect proven positive** long term. For example, psychological well-being and life satisfaction in adulthood have been related to early positive attitudes towards physical exercise and practicing sports in youth.





The WHO (2022) has been emphasizing for years that six of the seven determining factors for health in people are related to the practice of physical activity and diet. In addition, active lifestyles are being undermined by some barriers that currently exist derived from the modernization and digitalization of the contexts in which we interact

every day. However, research indicates that, if the immediate context is favorable for the child, the promotion of healthy habits can reverse this trend in favor of a lifestyle that is more beneficial for their health.

**A habit is a routine action that when we perform it repeatedly over a long period of time becomes in a routine** that we can be carried out in a simple way without investing much effort. Habits should begin to be established in the first stage of human development, with **parents and mothers the protagonists as positive role models** who help to minors in the formation of positive behaviors for their development.

In this sense, the role of the family is of utmost importance to all its members due to its strong influence on the establishment and maintenance of healthy habits in their children. The reasons lie in the fact that it represents the nucleus where children experience their first step in their socialization process, so the practices and routines that are carried out, are those that by to **condition the immersion of the minor in the construction of a vital process** with a more or less healthy load.

**Fathers and mothers constitute the central social influence**

to boys and girls are the key to establishing the foundations of the initial emotional bonds and to building their identity regarding the definition of the processes of self-care, nutrition, emotional support and health. Learning these processes is done through this construction in the family socialization process.

In conclusion, a positive family environment helps children develop by displaying a series of values that are favorable for health, while reducing some difficulties or risks that would be related to the absence of positive role models and the provision of tools that contribute to optimal development.

We know that the transmission of values that parents express with their behavior when they accompany their sons and daughters in their physical-sports activities is fundamental for their sporting development. **No let's forget that children learn in part because of the imitation processes**, and the paper family involvement is essential to help children understand the importance of healthy habits. It is an investment that may require a lot of effort at first, but in the long term it brings great rewards.



*Transmitting  
values by  
example is key to  
development rear  
sports*





## *The role of the family in the physical activity habits of their children*

Regarding the practice of physical-sports activity, fathers and mothers also play a key role with their attitude in guiding minors, from their privileged position to offer them the opportunity to initiate them and keep them motivated in their development. **The positive attitude of caregivers and educators towards sports practice has a direct influence on the potential interest of young people in sports.** Studies in this regard have shown that young people whose fathers and mothers practice sports are more likely to also get involved in sports.

Studies on family sports habits have also indicated that the opinion of parents regarding the physical abilities of their children to practice physical-sports activity, the level of interest that parents show in the exercise carried out by the Minors, and the importance they attribute to this fact, exert a great influence on children's own self-perceptions of their abilities and performance, **increase their enjoyment of sport and show more motivation even in competition.**


Young people usually report that **they like to feel that their fathers and mothers provide them with emotional support and accompaniment during the**

**practice of a sport**, rather than showing technical knowledge about the activity; For them it is more important that they recognize their effort and involvement. It has been shown that the emotional support provided by the family has a positive impact on the sporting experience of adolescents. Specifically, flattery and praise, as well as displays of understanding for sports performance, go hand in hand with persistence and quality motivation, and the self-perception of competence.

On the contrary, **feeling controlled and very pressured by parents regarding sports performance usually frustrates children**, and increases the probability that they will begin to develop feelings of anguish, rejection of physical activity, more exhaustion, less physical self-esteem and worse performance.

A key aspect to achieve optimal sports development in adolescence is the way in which fathers and mothers get involved and accompany their sons and daughters. However, the involvement and commitment established here is not an aspect that works alone, but is influenced by other variables such as the expectations of the fathers and mothers and their relationship with

*Praise and praise go hand in hand with persistence and quality motivation, and self-perception of competence*



the sporting context that surrounds the activity. family.

The attitude of parents, therefore, has a direct impact on the thinking of boys, girls and adolescents, on the way in which they will interpret their sporting successes and failures, on their perceptions of achievement and on their expectations of success. future. This same influence is also exerted by sports coaches of young people.

## *Profiles of family participation in the physical and sports activities of their sons and daughters*

### ■ Families with little involvement

S These are those who show little or no interest in the activity their son/daughter practices. These parents are not interested in or encourage their sons and daughters' physical-sports practices, nor do they even carry out routines related to said activities. For them, the activity or sport their son/daughter practices has no value and they are not interested in it to know their progress. **They also never attend sports activities or interact with other parents**, or participate in club or school meetings or extra-sporting events.

### ■ Moderately involved families

These are those that show a balance in the direction of the family with the decision-making of their son/daughter. These families make an adequate and balanced management between the interests of their sons and daughters and the philosophy of the family regarding the healthy practices to be carried out. In this sense, **the parents perceive themselves as “trainers or guides” of their sons and daughters and believe that physical activity is a means for development family harmony.** These parents focus on the progress of their sons and daughters and are concerned about maintaining a good atmosphere with the group of parents and mothers in the teams, supporting the decisions of the coaches and always intervening in a constructive way. With their sons and daughters, they foster respect and collaboration with the coaches, referees and opposing teams.

### ■ Over-involved families

These are those who are emotionally immersed in their child's experiences and performance. These parents go too far in their control of the decisions that their children should make more autonomously, going so far as to impose their own way of thinking, feeling and acting teenagers. **They tend to be perfectionist parents, very demanding with the performances of their sons and daughters and with the team.** In general, they only comment on the negative aspects or things to improve and never on the positive elements or good performance. They create a lot of pressure, loss of self-esteem and confidence in their children, making them believe that they are never giving enough.





To help fathers and mothers so that their involvement in the physical-sports activities of their sons and daughters can have a positive impact, **we recommend the following strategies:**

- Base the involvement of parents on the **creation of environments that promote enjoyment and pleasure in the activity itself**. However, due to the important reference model that families represent, the attitudes and behaviors of fathers and mothers will always be related to the emotional reactions of boys and girls towards physical-sports activities. Thus, for example, boys and girls who perceive positive responses from their parents for their successful performance will have a more fun experience in that activity.

- **Show yourself as positive and active role models for your sons and daughters**. We must show positive beliefs about the competence and abilities of our sons and daughters and offer more answers with positive content about their performance, since we know that, if they have a greater perceived competence, they will obtain more fun and more motivation from quality.



*Show positive beliefs about the competition and offer more positive responses about their performance*



- **Take into account the interests of our sons and daughters**. Taking the necessary time to find out what our sons and daughters like guarantees that they will perceive this activity as something pleasant for them, where they will also perceive themselves as more autonomous.

- When attending competitions, **always resolve conflicts through dialogue and education**. Sports events are situations where conflict frequently appears, and it is very important how we teach our sons and daughters to manage said conflict, for example, asking for forgiveness for the foul committed or not protesting or insulting the referees. It is very important that parents respect the opposing

team, as well as the referee. We must understand that beyond the competition there is the pleasure of sharing the game. Another piece of advice is to encourage fair play on and off the field of play, and not participate in attempts to create tension or tension in the atmosphere.

■ **Promote the autonomy of their sons and daughters in everything that surrounds physical-sports activity.** Although the development of autonomy is a long and progressive path, take advantage of these routines so that the adolescent perceives himself as increasingly autonomous. For

example, making him pack his own sports bag or worry about knowing where he will go to play next time.

In general, although parental involvement is usually positive and appropriate, in many cases it is not enough. In these cases, we can establish a series of causes or reasons why families do not get involved in their children's physical and sporting activities. These causes are usually diverse and often go beyond lack of interest.



## *Why families are not involved? Most common causes*

- **Absence of belonging to educational institutions.** In some cases, parents lose their sense of belonging to their educational community and stop taking the initiative to show interest in the activities proposed by their children's schools. We live in an increasingly individualistic society, and there is a risk of perceiving this "institutional closure" that makes parents distance themselves and feel a certain fear of being proactive with their schools, even ending up feeling that such an effort is a waste of time.
- **Lack of information and ignorance.** Sometimes fathers and mothers are not aware of what they could do to promote healthy habits related to their children's physical-sports activities. Educational centers should train and inform families about their potential in this regard to increase and improve this participation.
- **Lack of concern.** A minority of parents do not show interest in the physical and sporting activities that their children do.
- **Lack of motivation.** Perceiving themselves as lacking competence, poorly prepared or inexperienced is also often one of the reasons why parents are not more proactive in promoting family sporting activities.
- **Obstacles to reconciliation.** In many cases, the demands of parents' work environment with inflexible schedules make it difficult to establish routines and accompany their children in physical and sporting activities.
- **Different opinions and disagreements. Not always reaching agreements.** Not always reaching agreements in a family, it is simple. Adolescence is a complicated stage that usually requires a lot of understanding and patience. Active listening and finding solutions that satisfy the interests of children is an appropriate strategy to reach consensus and minimize conflict.





## *Benefits and recommendations of physical activity as a family*

We know, based on several decades of studies that demonstrate it, that practicing physical activity as a family provides the necessary means to improve health and achieve physical, psychological, cognitive and social well-being in our sons and daughters, reducing the risk of the appearance of some diseases such as diabetes and obesity.

For example, a highly valued aspect of this practice is that it promotes an improvement in children's academic performance. **But, why in family?** Because we know that if these healthy behaviors begin to be established in the family at an early age, with childhood and adolescence being critical periods of development, **such patterns will have a greater chance of continuing lifetime.** In particular in these initial evolutionary stages we can highlight the following general benefits:

- 1. Reduces symptoms associated with stress** and anxiety, improving mental health. Self-esteem is also favored.
- 2. Improves physical fitness and optimizes muscle growth and strength**, reducing body fat, thus preventing overweight and adult obesity.

**3. Promotes growth** and the healthy development of the cardiovascular and musculoskeletal systems, reducing risk factors related to: hypertension, type 2 diabetes, cardiovascular diseases, hypercholesterolemia.

**4. Contributes to an adequate construction process of your personal identity.** That is, help to improve attitudes, ideas and behaviors through the information we receive from outside the people and media that surround us.

**5. Optimize the need for socialization of the minor,** creating new bonds and allowing you to feel connected to others.

**6. Improves learning** new skills motor skills.

**7. Helps develop the motor coordination** optimizing the use of the senses through movement.

**8. Contributes to hygiene postural** and improves posture and balance.

**9. Promotes the ability to focus attention,** which promotes academic performance.

**10. Improves autonomy.**

**11. Increases self-concept** and body image.

**12. Improves mood.**

**13. Optimizes social relationships with peers.** To achieve these benefits, it is most recommended that, from the time children are in their early childhood, they carry out many “small practices” that lay the foundations for a healthy lifestyle, such as those we discuss below.





We propose the following recommendations:

- **Share moments of play** active in family.
- **Replace public transport**, when possible, **with walking** for short distances, or taking the stairs instead of the elevator. That is, promoting active travel and non-polluting means of transportation.
- **Avoid directive or pressure behaviors** on the part of parents, promoting understanding and praise for a job well done.
- **Limit sedentary time** from screens for recreational purposes.
- For boys and girls up to three years of age, it is recommended **not to have children sitting in chairs and strollers** for more than an hour at a time.
- **From 3 to 6 years old**, **distribute at least 60 minutes** a day of moderate activities.
- **From the age of 6**, **include at least three days a week with medium-intensity activities** that strengthen muscles and improve bone mass. Prioritize activities if they can be daily aerobic activities of 30-60 minutes a day.

- With adolescents, we will try to understand their interests regarding the gamechange, and **we will adapt the offer of activities to their preferences** with other free time alternatives.

- The organization of schedules for practice at home. **Setting times to practice as a family** is the basis for developing healthy habits. For example, sharing a healthy breakfast before practice is a wonderful way to focus a family day.

- Maintain proper **sleep hygiene**.

- Help minors distribute their time so that practicing physical-sports activity **can be as important as homework, reading or other responsibilities**.

- **Be a model for our children**, that is, that fathers and mothers lead by example by being consistent in their personal habits. We know that there is a relationship between the sports practice of fathers and mothers and their children, so that the children of fathers and mothers who practice some sporting activity, practice more sports than the children of sedentary fathers and mothers.

- **Be interested in physical-sports activities in the school environment**.

- Accompany the practice in family with one **healthy eating**.

- **Go to the advice of the coaches** to know the level of performance of the minor and the points to improve.

- **Take a seminar or formation** on participation positive role of families in promoting healthy habits in children.

- **Avoid gender stereotypes regarding** physical-sports games and practices, valuing an egalitarian and non-discriminatory practice. This aspect is very important, since from a gender perspective we must encourage the participation of boys and girls from the family. Studies show that as children advance in age, it is usually girls who abandon sports practice before boys, so we must avoid any barrier based on sex and create the same opportunities for our sons and daughters. We recommend taking care of the language related to stereotypes, the images that we show to our sons and daughters, not preventing girls from participating in “boys’ activities” and vice versa.

- Understand that **the objective of physical-sports practice does not lie in winning**, but in the physical, personal and social value for your child.
- **Promote motivation** for facilitating adherence and commitment to the practice.
- **Find out from reference professionals** (in town halls, schools, institutional websites) about the most recommended activities for the age group of our children.
- **Try to integrate the value of being active** as part of the set of family lifestyle behaviors, that is, as part of the family identity.
- **Participate** in physical-sports activity classes in nature (hiking, excursions, cycling).
- **Help them solve problems of lack of time** with better organization and highlighting the value and need of not postponing practice.
- Approach any activity in the form of **a family challenge**, where all its members feel like participants.
- **Promote fun** as the main reason for family practice.
- **Recover and practice popular or culturally** traditional games and dances.
- **Allow the minor to decide between a set of options** for practicing family activities, then reaching a joint consensus.
- May there also be other equal ones to share **some moments through the game**.
- Maintain **an enthusiastic attitude** with the minor.
- **Promote physical-sports activities from the school center**.
- Encourage your perception of competence during practice with positive and informative reinforcement. Thus, whenever possible and immediately following the desired behavior, **offer positive feedback to our child**: “very well done, good job, you have tried very hard.”

As examples of activities for both age groups (children up to 12 years of age and adolescents from 12 years of age) we propose:

### **Children:**

1. Daily trips on foot to and from the educational center.
2. Daily sessions or at least three times a week at the school (recesses and extracurricular activities)
3. Weekends: longer walks, visiting parks or going to the pool, bike rides or hiking.

### **Teenagers:**

1. Daily walks or bicycle rides to and from the educational center.
2. Three physical-sports activities organized from Monday to Friday.
3. Weekends: walks with friends, cycling, water activities, soccer, basketball, tennis, paddle tennis, golf, hiking.



## *The motivation to acquire a routine sports*

**Motivation** is a psychological concept that has great importance in human development and in all social interaction processes. The etymological origin of the term **has to do with movement** (from the Latin, *motivus*), and more specifically, with the factors that determine our actions, that is, motivation is used to explain the behavior of people in all areas in which that we develop.

This concept is fundamental in various areas of our daily life, such as education, family, social and work, since it guides our actions, becoming a central element that directs the person towards one or other objectives. **In the field of psychology and education, motivation has been a central and constantly topical term**, given that it is at the heart of biological, cognitive and social regulation, that is, it participates in all our spheres of behavior, both in the way we think and in the way we relate or decide to get involved in any activity.

The proactively motivated person, that is, with will, sets an objective and uses the necessary resources to achieve it, adjusting his behavior to said objective and maintaining it firm over time. However, **motivation does not always have a positive character, since many times this**

**behavioral fuel does not provoke the expected proactivity** or energy and we feel unmotivated or apathetic towards an activity.

R Regarding the practice of physical-sports activity and its relationship with motivation, currently, the concern of professionals is not so much to convince the population about the benefits of practicing an activity, but rather **to find the keys to achieving its maintenance.**

**Motivation is a multidimensional factor** of our behavior, since it includes our interests, needs, personal and external factors that decide how we engage in an activity, as well as the persistence or energy we put into it. Thus, although motivation towards an activity or task can be regulated both internally and externally, it is a dynamic characteristic that changes in the different contexts in which we interact. Therefore, it is very important to understand its role in this process to try to optimize its function in regulating behavior and obtain the best results. That is, if we manage **to understand the reasons that move us to do things**, it is easier to choose reasons that guarantee that in the long term we will want to continue doing that activity.

Thus, we know that when we perform activities for the inherent pleasure or enjoyment that the tasks themselves provide us, we have **intrinsic or high-quality motivation**. When carrying out activities depends on the rewards we receive from the outside, we have **extrinsic or low-quality motivation**; and when there is an absence of motivation, we say that we are unmotivated.

**Demotivation is the absolute lack of motivation, both intrinsic and extrinsic** (for example, the adolescent who feels that practicing a sport is a waste of time or that it is of no use; the parent who is not able to see the purpose of a task or no longer believes it is important). Demotivation refers to the lack of intentionality to act. It is the result of not valuing an activity or not feeling competent to do it.

The search for quality motivation is a constant concern for studies in this area of knowledge, since what interests us is that even if we begin to practice an activity with extrinsic motivation because it drives us to do it, **in the medium and long term it is interesting that we can stay doing this task because we like it or enjoy it** without needing that first external element or reward that made us persist at the beginning



(for example, a child who practices an activity for the reward that his parents give him). When you finish, it would be an element of extrinsic motivation, but if you later verify that you like that activity and that you feel like going on your own without needing that reward, you would already have intrinsic and high-quality motivation).

The motivation of children is also exposed to direct influence from all the people around them, teachers, fathers and mothers, and colleagues, so it will be essential to focus on the strategies we use to motivate. to the minors.

**To explain the nature of motivation**, as well as its antecedents and the consequences it causes according to its type, we frequently use **the Self-Determination Theory**. This perspective has very proven effectiveness and proposes that **people can develop different types of motivation** towards a given behavior. These reasons are understood with respect to a greater or lesser degree of self-determination (independence), or what is the same, a more or less internalized level with respect to oneself. Thus, although extrinsic and intrinsic motivation may seem opposite, they constitute the two



extremes of a continuum that would go from autonomous motivation (I decide for myself without the control of people or external elements) to controlled motivation (external elements are or other people who decide for me).

**Autonomous motivation**, that is, self-control, the desire to commit to doing something by personal choice, is fueled by internal sources and also includes motivation from extrinsic sources for people who identify with an activity for its own sake. value and its congruence with your life. From lowest to highest degree of internalization, autonomous motivation includes identified regulation (I do the tasks for the benefits I get from it), integrated regulation (I do the task freely because it is consistent with myself), and intrinsic regulation. (I do the task for the pleasure or enjoyment that doing it gives me).

For its part, **controlled motivation** (I do things not for myself, but because of external forces or pressures from other people) is composed of external regulation and introjected regulation. External regulation is when the person acts out of the desire to obtain external incentives or rewards (for example, financial rewards, prizes). Introjected regulation refers

to the motivation that comes from the desire to avoid self-imposed sanctions such as guilt, shame, approval or ego protection, and would include a little more autonomy than external regulation, although the cause still comes mostly from the outside. Thus, for example, it would be the teenager who decides to play basketball because it is his/her father's/mother's favorite sport and he/she has asked him/her to do it, and not doing it would make him/her feel guilty.

By this reasoning, when people are driven to perform a task **by controlled motivation, we feel pressured and do not experience any sense of autonomy**, while, if our action is driven by autonomous motivation, we feel self-directed and agents of our own. behavior. By being autonomously motivated, we can commit and stay involved in activities. In the scientific literature, it has been proven that autonomous forms of motivation in adolescents are related to behaviors associated with health.

One of the most interesting contributions of this theoretical perspective is that **it explains motivation based on three “psychological needs”** (elements that are very important for our psychological well-being and that

we all need to cover) that it states are innate in people. That is, we are all born with them: the need for autonomy, the need for competence and the need for relationships with others. The three needs are key to guarantee the optimal functioning of social development and personal well-being.

**The perception of autonomy occurs when the person feels that they are the cause of their own behavior**, understands the efforts to be the agent, the origin of their actions, thus becoming more involved in learning, since

the topics will be closely related to their interests and values. For example, the teenager who chooses to practice dance because it is what he/she likes and has been interested in for years.

**The perception of competence occurs when the person feels effective with their behavior.** It is close to self-efficacy and can be recognized when a person undertakes new, challenging tasks and tries to master them. Try to control the result and experience effectiveness in interactions with the environment. For example, the



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*Autonomous forms  
of motivation for  
adolescents are  
related to  
health-related  
behaviors*



teenager who feels that he has improved in tennis thanks to his effort in training in the last week.

**The perception of relationship with others occurs when the person feels understood and linked to others**, also making the effort to establish close and safe relationships and care about others, as well as feeling that others have an authentic relationship with us and experiencing satisfaction with the social world. This need is defined through two dimensions, feeling accepted and intimate with others. For example, the teenager who feels happy because his/her friends count on him/her when they

are going to meet up to play paddle tennis and feels like part of the team.

These needs explain the necessary conditions for psychological health or well-being and their satisfaction is related to a more positive functioning in general, that is, with a well-being that is manifested both in our behavior and in the way of thinking and feeling, which It makes us experience personal growth and progress in our lives that makes us feel good, regardless of age, since **these mechanisms are in operation throughout life**.

Therefore, motivation is a nuclear

factor in the practice of physical-sports activity, since people behave based on a series of motivational challenges when we set a goal in different contexts. **Both the intensity and direction of our behavior will be determined by motivation** and will be very relevant when it comes to achieving a commitment to a physical-sports activity. Direction is the goal that a person manifests when they feel attracted to it, and intensity is the amount of effort we use to achieve that goal.

**For example, if an adolescent loses an important match** for him/her, and has a high degree of self-determination (that is, if he/she feels responsible for his/her actions and is convinced that he/she can control his/her behavior), he/she could express to his/her parents that perhaps they should have invested more time in training and that they are willing to put in more effort to do so in the future. If that inner desire is activated, your action plan would be the same regardless of your parents' reaction to the news, since there is an inner need to improve and grow personally.

But, **if this same adolescent had low self-determination** (they perceive that they have not had control at any time and that they

have been a victim of circumstances or external obstacles, even “bad luck”), **they may even blame their parents, parents or their companions of defeat.** If, for example, you were worried about a result, you would not think that with that mistake you can personally improve in the future.

In this sense, a fundamental aspect for motivation is **the value of information about learning progress.** That is, the information or feedback that others provide us (or parents provide to their sons and daughters) is a very powerful tool to optimize motivation, since this information about one's own progress encourages the person who practices the sport to continue moving forward with a very rewarding feeling based on your own awareness of a job well done.

**Motivating towards the practice of physical-sports activity from childhood represents the key to a future away from a sedentary life,** since in this period behavioral patterns are implemented that will largely represent the adult lifestyle. Therefore, implementing a strong commitment to the practice, encouraged by parental role models who practice and promote these activities as part of family routines, will ensure that they are more

likely to continue practicing them throughout their lives.

Regarding the reasons that seem to be related to the progressive decrease or abandonment of the practice in young people, the lack of motivation towards physical activity is one of the fundamental triggers, which is reflected in a current average practice of less than three days a week. It seems that **young people give more importance to other daily and leisure activities than to the physical and psychological benefits that the regular practice of a physical-sports activity could bring them.**

But, in addition, we know from the knowledge of many theoretical approaches such as the social cognitive perspective, that the individual characteristics of the adolescent are interrelated with those of their interaction contexts (for example, the family). This aspect reminds us of the importance of taking into account the association of social contexts and personal characteristics as fundamental influences for motivation.

Therefore, a vital aspect about the importance of the people with whom adolescents interact is that social relationships as contexts in which

we interact have a key influence on the motivation towards their practice of physical-sports activity. Furthermore, **adolescence is considered a fundamental stage of the life cycle with respect to the establishment of healthy habits.** Furthermore, although at this stage peers begin to acquire greater importance in terms of sports socialization (people with whom they interact in their physical-sports activities), fathers and mothers still have a very great importance for them in their decision making.

Thus, we emphasize that the family and educational institutions should consciously accompany this stage with messages to adolescents that are in line with supporting and promoting the practice of physical-sports activity. This should be done both explicitly with messages and actions that encourage practice, and implicitly, for example by being models of positive behavior for them. If so, although we know that at this stage the influence of peers is very strong as we have pointed out previously, **we still have to remain firm in our role as behavioral models for our sons and daughters,** so that they perceive us as a guide in the future. process of practicing the physical-sports activity that they decide to develop.



Studies on family perceptions and motivations towards the practice of physical-sports activity of their children indicate that parents perceive that their children are sufficiently active at their age and indicate boys as more active than the girls. Furthermore, the young people's reasons for starting their participation have to do with the enthusiasm to participate in an activity that they are going to share with their peer group, but interestingly, the reason for persisting in said practice has to do with enjoyment.. Other facilitating elements for practice are **the**

**perception of autonomy and competence, carrying out group activities and the perception of parental support.**

Regarding **the perceived obstacles or problems**, from the perspective of the family and the adolescents, the following aspects have been pointed out:

- The economic cost of the activities.
- The absence of free time.





- Lack of knowledge to optimize health in the family context.
- Problems with time management and organization.
- Lack of proactivity or passive role regarding the physical-sports activity of some family members.
- The inappropriate or excessive use of new technologies.
- The negative perceptions towards the adolescent that they sometimes perceive from their families, since we know that these behaviors directly influence sports dropout rates.

Below, and as a conclusion to this section, we detail **some quality motivation and demotivation factors** in relation to the physical-sports activity of children and adolescents:

Quality **motivation** factors:

- Fun or enjoyment with activities.
- The support of the family environment.
- Appropriate models of practice for fathers, mothers and siblings.
- The enthusiastic attitude of reference models such as fathers, mothers, coaches, or teachers.



- Feelings of competence (perceived effectiveness) and continuous improvement.
- Autonomy or the feeling of choosing for oneself.
- Feeling connected with your colleagues, the feeling of team and belonging to the group.
- Good physical self-concept.
- The absence of external pressures.
- Practice in various activities, learning by doing.

#### **Demotivating** factors:

- Boredom or lack of fun.
- The absence of support from the family or lack of adequate models from fathers, mothers, siblings.
- The lack of other suitable adult role models (teachers, coaches, peers).
- Difficulties in accessing facilities or equipment.
- Feelings of incompetence.
- The lack of autonomy or ability to choose.

- Feeling alone.
- The idea that winning is more important than playing.
- The perception of external pressures from fathers, mothers or coaches.
- Use punishments when you lose as a method of improvement.
- Imposing the interests of parents or coaches instead of investigating the interests of the child or adolescent.







## *Recommendations to promote a lifestyle active with family*

Below, we propose some specific recommendations:

### **1. Involve the adolescent in the selection of activities to develop.**

Motivation is a key variable to achieve adequate participation from the minor, and if he/she helps in decision making, he/she will be more motivated. There are many diverse activities and not all of them have to satisfy the interests and needs of our children in the same way. If we allow them to participate in choosing content, we will improve their motivation and involvement during the activities.

### **2. Avoid repeating the same activities for a long time.**

That the tasks are different and motivating will be very important, especially at the beginning, to generate adherence and commitment for a long time. Activities can be scheduled for a year, a quarter, one day or two a week. Each family can adapt the times and moments as best fits into their calendar.

### **3. Show attitudes that reinforce active participation.**

Frequently use praise or congratulations when the behavior we want exists to achieve greater involvement in tasks. One idea would be to establish monthly family winners

or role models. To maintain active motivation, it is important that visually accessible progress is established, as well as the programmed goals to be achieved for each member of the family and that everyone can see what they are building, both themselves and others. Rewards don't have to be material, it can be a smile, a hug or an affectionate gesture.

**4. Set short-medium term objectives.** Avoid planning for a long time so as not to demotivate, with simple objectives and small challenges that encourage the participation and proactivity of our children. The process and the result must be visible to everyone. One idea that we suggest is to propose a family activity that will consist of designing graphs on sheets where the name of each member of the family appears so that the sons and daughters can see their progress and also that of others. For example, if we have decided to go hiking, we will place the work of the total section on a sheet and divide it into small sections, the achievement of which will be the overcoming of each of them within family planning, which may be for a single day or several. challenges to complete for a longer route.



**5. Set different levels.** It is advisable to establish different levels according to the progress of the activities. In addition, we can adjust different members' skill or physical level to their ability to prevent the activity from ending earlier than expected or someone becoming demotivated when perceiving the goal to be unattainable or too easy. For example, with the previous family hiking activity, three levels of routes can be established based on their accessibility, and give the opportunity to start with the level





that best suits the ability of each family member, and be able to See each other at a common meeting point where the family will meet at the end of their personal challenge.

**6. Pose the activities in the form of challenges.** The competition as such has to be managed properly. We must establish a structure of objectives to achieve and propose strategies that can be carried out autonomously by adolescents. It is also highly recommended to propose variants within the same activity, this makes our sons and

daughters feel more autonomous and capable and improves their motivation.

**7. Varying and adapting the proposals progressively** in favor of greater physical-sports activity, prioritizing aerobic activities such as jumping rope, dancing, walking, pedaling, swimming, soccer, skating, etc. There are variants of lesser-known games that provide quality motivation, such as the four-team tug-of-war game with two ropes that cross and tie at their midpoint, forming a cross. Or the

design of circuits, which allows for continuous and varied activity where each group changes stations autonomously.

**8. Include active breaks.** Although our objective is to improve the level of physical-sports activity, we can also develop short games of 2-3 minutes duration, among the strongest activities that have a light/moderate activity. The interesting thing about active breaks is that we do an activity during relaxation time while maintaining a minimum level of effort. An example could be searching for songs and dances on channels like YouTube and practicing as a family. Another example could be a board game, puzzle, or craft, which are great ways to stimulate critical thinking and creativity. Other fun examples can be designing small challenges on cards such as: performing a pirouette, imitating a favorite animal or character, doing a little cleaning, jumping ten times in place, performing dance steps, etc.

**9. Spaces in nature.** Nature offers us a wonderful environment to develop physical-sports activities. As far as possible, it is recommended to plan active outings from home, taking advantage of good weather seasons. Along with this, the aquatic environment is also

very beneficial. Some examples of activities may be: hiking in the mountains, initiation into climbing, education and water games, skiing, a “cross” in our neighborhood, participating in a popular race in our city or scheduling a trip to another city for it, cycling, canoeing, etc.

Therefore, **the role of the family is key in sports development during the adolescent stage.**

The positive impact of motivation should be driven by the family through active support and being an example of regular practice. Such support should consist of a focus associated with the pleasure inherent in the practice itself, enjoyment, enthusiasm and



*The role of family is key in development sports in the stage of the adolescence*



progress in the learning process. On the contrary, pressure behaviors will be associated with apathy, lower performance through lower enjoyment, and even abandoning the practice.

Furthermore, it is important to **highlight the role of educational administrations in this task.**

These organizations should be fully competent and effective in promoting measures that optimize the development of healthy patterns in childhood, inside and outside the classroom. For this it would be important:

- **Disseminate the necessary information to families** about the importance of implementing physical-sports habits from the family.

- **Offer specialized training to families**, along the lines of strategies that optimize the initial commitment and adherence to the practice of all members of the family unit.

- **Provide specialized training to education professionals** (teachers) that enables them to implement appropriate strategies as recommended by science, resulting in a guarantee of adequate advice to families.

The promotion of behaviors towards the practice of physical-sports activities goes beyond the practice itself, since **it contributes to defining the socialization of the minor** and their relationship with friends, family and contexts with which they interact.

It is advisable to optimize this socialization process from a very young age with the necessary opportunities and experiences that help the child to internalize these practices as another habit in their life, inviting them to enjoy themselves, without the need for external rewards or other incentives.

We have to continue insisting on the need for the school and family environment to cooperate and get involved, since all educational agents should become aware of the importance of establishing healthy lifestyle habits in the stages of childhood and adolescence. . Thus, **it would be recommended that the school design collaborative work strategies with families in this regard.**

Specifically, we highlight the importance of involving families in educational sports support programs conducted by professionals, so that they can learn the most effective strategies

to promote healthy patterns and routines at home. It is essential to contribute to the development of democratic educational patterns that promote the autonomy of children and **minimize authoritarian patterns where the autonomy and competence of the minor is diminished** by the rigidity of said styles, precipitating them into a passive role without the possibility of choice in education. making decisions about your leisure and free time.

Our **adolescents are the true protagonists of the design of their lifestyle**, since it is the only way for them to be responsible for the value of an active and healthy lifestyle and to internalize it, taking

the autonomy and competence necessary to manage these behaviors in their daily lives.

In short, active involvement is necessary on the part of the agents involved in the educational, professional, families and administration processes, in order to promote appropriate practices that have an impact on optimal development that, in a transversal way, contributes to a more healthy.

By way of conclusion, we offer some **guidelines or strategies for fathers and mothers who wish to adequately accompany** their children in their physical-sports activities:



- Make sure you ask your child about their interests in sports.
- Guide him/her when deciding according to what he/she likes.
- Reinforce his progress and encourage him, both verbally and non-verbally (applaud and encourage good plays).
- Don't pressure him and allow him to learn at his own pace.
- Respect the coaches' decisions.
- Do not argue with the referees.
- Respect and civility are vital and we must be an example of this.
- Find out about the activities offered at your educational center, try to participate and attend the meetings.
- Trust your child.
- Sports activities must above all be fun, pleasant and pleasant.







# **BLOCK IV**

## **KEY IDEAS AND RESOURCES COMPLEMENTARY**







## *Key ideas as conclusions*

**1. Eating as a family is much more than feeding**, as it is a unique moment to share a privileged space for communication. It is essential that fathers and mothers take advantage of these moments with their children to enjoy together in a warm environment that serves to form stronger emotional ties, enjoy food together, model healthy habits and even detect the beginning of possible problems related to feeding of adolescent sons and daughters.

**2. It is recommended** that during the family meal **we avoid doing it simultaneously with other activities such as reading or checking our cell phone**, as this will make communication difficult. The healthiest thing will be to establish the habit of having a conversation with full attention and listening to the people in our family. The ideal is for it to be a relaxed and pleasant moment and for conflicts to be avoided.

**3. Taking advantage of the family meal to communicate and listen to each other means feeling free and valued** to be able to express our own emotions and feelings, while also granting others the trust and opportunity to share with us what they feel and think, ensuring that the other person feels understood, encouraging their participation and





commitment, contributing to their peace of mind and expressing to our sons and daughters our interest in their things.

**4. The balanced diet** will include fruits and vegetables, cereals, dairy products and some proteins of animal origin, **will be adjusted to the age of each family member** and will follow the guidelines recommended in the food pyramid and the Harvard healthy eating plate.

**5. The World Health Organization offers us some guidelines for the proportion** of macronutrients that it recommends for children, adolescents and adults, since learning and teaching sons and daughters to eat is one of the basic

functions of the family, adapting the consumption of calories from the diet throughout the moments of intake that we carry out throughout the day.

**6. A very important challenge** that families and schools face today **is to offer healthy options to children without sacrificing the taste and attractiveness of food.** However, it is a priority to promote access to a healthy, active and less sedentary lifestyle, where excess consumption of sugars and ultra-processed foods is avoided, which have been linked in numerous studies to an increased probability of certain diseases.



**7. Furthermore, it is essential that adults supervise and guide minors in their use of social networks**, since sometimes they influence the perception of the body image that we develop in childhood and adolescence, with important repercussions on the eating style and even its relationship in the development of potential eating disorders.

**8. In eating disorders, food intake is part of a bad habit** that can lead to a poor energy balance that endangers both the person's health and sometimes their own life. The family is key in this sense, both to explain the origin of the problem and to help in its detection and solution. The main eating disorders are bulimia nervosa and anorexia nervosa. The best treatment results

are obtained when the family actively collaborates.

**9. Physical-sports activity** favors not only our physical well-being (improving, for example, our motor or coordination skills), but it **also has a favorable impact on psychological well-being** (promoting our confidence and self-esteem) **and social well-being** (improving the way that we cooperate with others or relate to share common objectives).

**10. Motivation is a key element**

for physical-sports activity, since it is the energy or fuel that we decide to put in when we practice a sport. It is important that this motivation is of high quality, and we achieve this when we carry out tasks for the pleasure or enjoyment that we get from the mere fact of being immersed in them, without the need for other external elements (such as rewards or external pressures). They decide how and when we do things.

**11. The family is a key factor in the initiation and maintenance of physical-sports activities**

from early childhood. The role of fathers and mothers as behavioral models is fundamental and must be cared for through participatory and democratic styles that are interested in the needs and concerns of their children and guide them in their practice. It is recommended to start routines and plans as soon as



possible that include healthy habits related to family sports practice so that minors perceive these behaviors as adequately integrated into family life.

**12. Fathers and mothers who are “trainers or guides” would be the profile recommended**

as an ideal behavioral model to follow because they believe that the physical-sports activity of their children is a means for their harmonious development, with an important educational value. . These families accompany their children on their sporting path, promoting a good environment in the group of parents and in the teams with which they





interact, respecting the decisions of the coach and always highlighting the positive aspects instead of the negative ones.

**13. The most effective strategies for families** have to do with concern for the interests and needs of their children, the effective resolution of conflicts through dialogue and consensus with their children, promoting fair play within and outside of the games, avoid putting pressure, encourage the autonomy and competence of your children by trusting them and set an example with your own practice.





## *Readings for fathers and mothers*

In this section we offer you a series of **informative book titles, easy to read, and written mostly by psychology and pedagogy professionals**, which can provide you with key ideas about healthy family habits, as well as provide you with guidelines, recommendations and resources. that help you better understand the adolescent world and our role as fathers and mothers. We hope you like them and that they help you learn to manage situations related to health in your family with more and better resources.

**Woohooh! A story to motivate healthy eating**

Juan Llorca and Melisa Gómez, 2021.

It is a story about children's nutrition, recommended reading for children up to 8 years old and for fathers and mothers. It provides keys to motivate healthy eating habits among the little ones. It is an illustrated album that includes attractive recipes for little ones, which will turn meal time into one of the best moments of the day.

**My child eats healthy: A guide for families on healthy eating in childhood**

Aroa Arias, 2021

My Child Eats Healthy is a book aimed at families with a compilation of answers to the most frequently asked questions about child feeding in which we also find practical advice to address food selectivity or lack of appetite, weekly menus to make our lives easier, ideas for that the little ones learn to eat healthy and enjoy it, and more than 50 easy recipes to cook and have fun with the family.

**Childhood, health and food**

Otila Hornero Ladrón de Guevara, 2019

This manual aims to offer clear knowledge on aspects such as: the factors that influence health and the importance of establishing healthy habits from childhood, knowledge of the main childhood diseases that can be preventable and how to act in the event of accidents or certain chronic pathologies in children.

**Healthy eating and growth in children and adolescents**

Gloria Cabezuelo Huerta and Pedro Frontera Izquierdo, 2007

If adequate nutrition is important to maintain adult health, it is even more so for children and adolescents, since it is necessary for their growth and development. It offers parents and teachers practical information about healthy eating, about the nutritional needs of children and adolescents, about their normal and deficient growth, and presents dietary guides to prepare menus that also prevent increasingly common diseases such as obesity and atherosclerosis.

**Eating Disorders: How to Help Someone in Recovery**

Pamela Macdonald, 2023

With this book you will know how to effectively help someone who suffers from an eating disorder. This book provides the knowledge, understanding, and skills you need to help a family member or friend in their recovery. You will achieve several objectives according to the author: Understand the mental processes that accompany an eating disorder. Be aware of how you react to complicated situations and what you can do to act in the most useful way. Learn new communication techniques useful for problematic behavior, and strategies for specific problems. Become aware of the consequences on your own mental health and look for ways to reduce your stress levels. Know how to act in the face of the effect that an eating disorder can have on the entire family.

**Nutrition focused on adolescents**

Elena del Pino Sánchez Rodríguez and Alicia Rodríguez López, 2021

By reading this book, adolescents are offered in an entertaining way a broad vision of all aspects related to correct nutrition. Not only will they learn what a healthy and balanced diet consists of, but they will also learn about the nutrition process and become aware of the importance of proper food handling for health. All of this providing guidelines to be able to be critical consumers, knowing what the food industry really offers through the interpretation of labeling. Without forgetting the commitment that society must acquire through its daily choices with the sustainable development of the planet, thus contributing to one of the transversal elements of Compulsory Secondary Education and Baccalaureate.

**Encyclopedia for parents. Physical activity, health and education in children**

Jose María Cañizares and Carmen Carbonero, 2017

This is a book aimed at parents of school-age children that develops topics of anatomy, growth, body care, skills and abilities, psychomotor skills, motor learning, among other topics with a high educational value in an updated work. and very well founded for families.

**Curiosities in verse, What is your sport?**

Sagrario Pinto, 2018

This book is aimed at families with children between 5 and 12 years old, and, through simple and witty verses, they reveal curiosities about some sports. Ask your children to dare to know more with these rhymes full of humor. Do you dare to play sports? It's very healthy, you'll see. How many sports do you know? Do you like any more? Soccer, tennis, basketball, judo, rowing, swimming... Do you know which one is best for you to feel better? Which one do you think you will practice?

**Soccer for parents. How to train your child for life through sport: the 15 lessons I learned from football**

Álvaro Bracamonte, 2022

This book, aimed at fathers and mothers, is based on the idea that, if sports learning is done with the correct approach, we can prepare our children for life. There is no single way to educate our children. Each family uses the tools they believe are correct based on their learning and lifestyle. The author states that, however, sport helps us make the best decisions when we are adults. This book teaches families that through sport we can learn that: mistakes are part of learning; that processes take time; that effort is always necessary, even if the result is something we do not want; that we should enjoy the small moments and that life has new opportunities, although sometimes, in different circumstances.



**Manual for parents, sports and values**

Guillermo Calvo y David García,  
2017

This is a guide that aims to promote good understanding between parents and the rest of the team members, coaches and referees. We must not forget that fathers and mothers are essential when it comes to helping children so that sport contributes to promoting their adequate personal development, and in this guide we see how sport favors the development of values, about respect, teamwork, responsibility, discipline, trust and acceptance of diversity.

**Let me play. Manual of good practices for families of young athletes**

Ignacio Gella Ciprés, 2023

Sports at school age are one of the experiences that have the greatest impact on the formation of our personality and the values by which we govern our lives. That is why it is important that we give it the importance it has in the training of our sons and daughters. In recent years, a current of poorly focused interventionism has been generated by some fathers and mothers, which has caused conflict situations in the stands that only serve to tarnish the beauty of sport in the early stages. The author analyzes this phenomenon and helps us learn the most effective strategies and behaviors so that our sons and daughters can enjoy a healthy and appropriate sport at all levels.





## *Manuals for educators and professionals*

### **Eating disorders and obesity in children and adolescents**

Johannes Hebebrand, 2019

Since diagnosis and early intervention are key issues for the outcome of these disorders, the goal of this book is to provide therapists and professionals with sufficient knowledge about the detection and treatment of eating disorders, with special emphasis on those that they appear in childhood and adolescence. In addition to a detailed overview of new epidemiological data, efforts have been made to highlight the most recent scientific findings on etiology and pathophysiology to provide the reader with a deeper understanding of the interaction between mind and body.

### **The pro-anas and pro-mine on the Internet: Anorexia and bulimia as lifestyles**

Sandra Elisabeth Moran, 2014

This research work aims to discursively analyze pro-anorexia and pro-bulimia websites, in order to carry out a communication study of them and understand the reality of young people who suffer from eating disorders. Among the aspects addressed in it are the forms of socialization in the

adolescents who comprise them, the significance they give to the body and pain, the characteristics of the social context in which these pathologies are framed, and the construction of gender that it does in them.

**When Your Teen Has an Eating Disorder: Practical Strategies to Help a Teen Recover from Anorexia, Bulimia, and Binge Eating Disorder**

Lauren Muhlheim, 2021

In addition to helping parents and caregivers, this book is a wonderful resource for mental health professionals, teachers, counselors, and coaches who work with parents and teens with eating disorders. With this guide, you will learn how to respectfully and lovingly supervise your adolescent's nutritional rehabilitation, including help normalizing eating behaviors, meal management, expanding eating flexibility, teaching independent and intuitive eating habits, and using coping strategies. and recovery skills to prevent relapse.

**Treatment of Eating Disorders in Adolescents: Evidence-Based Interventions for Anorexia, Bulimia, and Binge Eating**

Tara DeLiberto and ÍTACA SALUD, 2024

This manual is primarily intended for professionals working with adolescents with eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating. It offers a flexible treatment plan that can be tailored to the individual needs of young people and fully incorporates their family or caregivers. The manual is written by two experts in eating disorders. This professional guide offers an evidence-based, customizable approach that can be used in inpatient or outpatient settings, in individual or group therapy.

**Innovating with the Sports Education model: if you are looking for different results, do not educate in the same way**

Carlos Evangelio Caballero, Sixto González-Villora, Eva Guijarro Jareño, 2020.

Both Physical Education and clubs with players in training are in a process of pedagogical renewal in which teacher-coaches try to reflect and include new teaching-learning

methodologies that give prominence to those who learn: students and players. This innovative book tries to help professionals know and put Sports Education into practice, since it is one of the pedagogical models with the most scientific evidence. Practical aspects are developed, landing in the reality of several teaching units with different contents and educational levels.

### **Physical activity, exercise and sports in children and adolescents**

Pablo Rosselli Cock, 2018.

This work is aimed at health and education professionals such as sports medicine specialists, paediatricians, physical education teachers, psychologists, educators, physiotherapists and others. It is divided into two sections: the first deals with aspects related to sports in healthy children and the second in the case of special conditions. Its advantages are the applicability of its content and its easy-to-consult structure and friendly presentation.

### **Physical activity and sport**

Oswaldo Ceballos, José Leandro Tristán, Blanca Rocío Rangel, Rosa Elena Medina, Rosa María Cruz and Jeanette López-Walle, 2018

This work is aimed at professionals and scholars of physical activity, Physical Education, Sports and Health, as well as students of any of the specialties in the area. A specific analysis of the topic developed with concepts, characteristics, practical application and professional specification is presented.

### **What your heart expects from you**

José Abellán, 2023

This book represents an integrative approach to health, where the heart is placed at the center to prevent diseases and improve our quality of life. Aimed at professionals and the general population, it explains in a clear and simple way the importance of taking care of your health to have a healthy, long and active life. With a focus focused on prevention and the incorporation of healthy habits.

### What do we play? The values of sport

Pep Rosell and Jesús Ballaz, 2022

This book conveys the idea that sport is the most pleasant way to measure yourself and build yourself as a person. Sport is a school of life. In this relaxed and free environment, both social and personal values of responsibility, modesty, or creativity are naturally assumed. The book also explains how sport is a physical activity exercised as a game or competition and not only offers entertainment, but also requires compliance with rules.





## *Webography of interest*

### **FEACAB**

<https://feacab.org/>

The Spanish Federation of Associations to Help and Fight Anorexia and Bulimia Nervosa is made up of Associations from all over Spain, and its objective is to promote solutions for the prevention and treatment of these diseases and to join efforts between everyone.

### **FEN**

<https://www.fen.org.es/>

The Spanish Nutrition Foundation (FEN) considers that people's nutrition is a topic of great interest and topicality. This website offers information about healthy living, news, events, publications and research. In addition, the FEN collaborates with Public Administrations, both Regional, National and European, in the development of projects, surveys, and advice on nutrition, to achieve the objective of promoting research and knowledge for its subsequent dissemination.

**CSD**

<https://www.csd.gob.es/es/promocion-del-deporte/deporte-en-edad-escolar>

The Higher Sports Council (CSD) reports on the website of the Ministry of Education, Vocational Training and Sports of the latest data regarding the promotion of sports, school sports, equality and inclusive sports.

**Federación Española de Familias numerosas**

<https://www.familiasnumerosas.org>

It is an organization that has the support of the Ministry of Social Rights and Agenda 2030, which offers support and organizes numerous activities to improve the quality of life of families through public and private benefits.

**COLEF**

<https://www.consejo-colef.es/efc>

COLEF promotes the social function through projects for Quality Physical Education in Spain, such as the Sports Project to promote physical activity and healthy habits, or the Project for Quality Physical Education in Spain through body

competition for health and quality of life.

**MINISTERIO DE SANIDAD**

<https://estilosdevidasaludable.salud.gob.es/alimentacionSaludable/aspectosSociales/habitosFamiliares/home.htm>

The Spanish Ministry of Health offers on its website strategies for the family on healthy lifestyles, physical activity and hiking and other measures to promote habits related to health and quality of life.

**Cuídate-CV**

<https://cuidatecv.es>

From this Health Portal of the Valencian Community, the areas of nutrition, health, psychology and sport are addressed from an informative and informative point of view aimed at all age groups.



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