

The Effect of A School-Based Nutritional Program on The Anthropometric Measurements, Blood Test Results and Eating Habits of Adolescents

Okul Temelli Beslenme Programının Ergenlerin Bazı Antropetrik Ölçümlerine, Kan Testlerine, Beslenmelerine Etkisi

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Abstract

Objective: To determine the effects of a school-based nutritional program (SBNP) designed for adolescents in high school, who are for various reasons unable to eat a midday meal, on their anthropometric measurements, blood test results and eating habits.

Methods: The research used one group and was of a pretest-posttest design. 148 adolescent high school students who had difficulty accessing a midday meal and expressed willingness to participate in the study. As part of the SBNP, four sessions of nutrition education, each for one hour once a week, were held and the students were regularly provided with lunch at school for 3 months. A sociodemographic form, an "Eating Habits Inventory," anthropometric measurements and blood tests.

Results: Mean waist measurements were significantly lower at the last evaluation compared to the preliminary assessment. The increases in Rbc, Hb and Htc after the SBNP compared to pretest results were found to be statistically significant. Mouth sores, gingival bleeding and hair loss rates showed a significant decrease.

Conclusion: The SBNP had a positive impact on increasing erythrocyte, hemoglobin and hematocrit counts and reducing waist circumference measurements. In addition, the SBNP also contributed to reducing certain skin and mucosal conditions (sores on the edges of the mouth, canker sores, gingival bleeding) and the hair loss rates that may be associated with vitamin deficiency. It is recommended that the impact of an SBNP be tested for a longer duration with a larger sample that includes a control group.

Keywords: Adolescent, hematologic tests, schools, nursing

Öz

Amaç: Bu çalışma, öğle yemeğine ulaşmada zorluk yaşayan ergenler için hazırlanan okul temelli beslenme programının (OTBP) antropometrik ölçümler, kan testi sonuçları ve yeme alışkanlıklarına etkilerini belirlemek amacıyla yapılmıştır.

Yöntemler: Bu araştırma ön test-son test tek gruplu, yarı deneysel olarak yapıldı. Araştırmanın evrenini, orta sosyoekonomik statüde olan, OTBP'nin bir parçası olarak haftanın her günü birer saat olmak üzere dört seanslık beslenme eğitimi düzenlendi ve öğrencilere düzenli olarak 3 ay boyunca öğle yemeği verildi. Sosyodemografik bir form, "Yeme Alışkanlıkları Envanteri", antropometrik ölçümler ve hemograma bakıldı. Veriler beslenme eğitimi ve öğle yemeği desteği öncesinde ve sonrasında toplandı.

Bulgular: Ergenlerin ortalama bel ölçümleri, ön değerlendirmeye kıyasla son değerlendirmede önemli ölçüde düştü. OTBP'dan sonra ön test sonuçlarına kıyasla Rbc, Hb ve Htc'deki artışların istatistiksel olarak anlamlı olduğu bulundu. Ağız yaraları, dişeti kanaması ve saç dökülmesi oranları önemli bir düşüş gösterdi.

Sonuç: OTBP, eritrosit, hemoglobin ve hematokrit sayılarını arttırmada ve bel çevresi ölçümlerini azaltmada olumlu bir etkisi oldu. Buna ek olarak, OTBP bazı cilt ve mukozal durumların (ağız kenarlarındaki yaralar, ağız yarası, diş eti kanaması) ve vitamin eksikliğiyle ilişkili olabilecek saç dökülme oranlarının azaltılmasına katkıda bulundu. OTBP'nin bir kontrol grubu içeren daha büyük bir örneklem grubuyla ile daha uzun süre test edilmesi önerilir.

Anahtar Kelimeler: Ergenler, kan testleri, okul, hemşirelik

INTRODUCTION

Developing healthy eating habits in childhood and adolescence increases the probability that individuals will continue to maintain this behavior in later periods of their lives. Adolescence is a period where growth is rapid and energy and nutritional needs increase; it is one of the best times to instruct individuals about healthy nutrition (1, 2). Various studies have revealed that adolescents do not have adequate knowledge, attitudes or behavioral skills regarding nutrition (2-8).

Skipping meals, snacking between meals (eating food of low nutritional value with too many calories and containing oil), eating outside of the home and consuming fast foods are the most frequently seen unhealthy forms of eating among adolescents (9, 10). The low or high body mass index (BMI) readings of adolescents that do not have a healthy eating style have an adverse effect on adolescents, both psychologically and physically, and this effect can be carried into later years (11-13). Eating inadequately and in an unbalanced manner, it has been shown, results in lower than normal anthropometric measurements and is a cause of anemia (11, 14).

Among the factors that cause inadequate nutrition in adolescents is their economic situation (5). In particular, adolescents that come from a low socioeconomic background constitute a risk group in terms of their nutritional habits (1, 4, 7, 14). Adolescents in families of low socioeconomic status are unable to practice healthy eating or acquire adequate information about nutrition (15). At the same time, children and adolescents of a low socioeconomic background have been found to be shorter in height, and are seen to have lower serum zinc, iron levels and average hematocrit ratios (11). Decreases in drawing iron from foods especially and related problems are more frequently seen in individuals and girls that come from low socioeconomic backgrounds (16, 17).

Foods that are available around school have an impact on children's nutritional habits (18-20). Some full-day high schools in Turkey do not provide lunch. Because of this and due to economic and envi-

ronmental factors, many students have difficulty accessing a midday meal. This constitutes a health risk for this age group in their adolescent years. Studies carried out abroad have shown that supporting nutrition at school increases some vitamin and mineral ratios in adolescents (9, 18, 20). It has been found that in schools that provide breakfast, students that benefit from this service have lower BMI than students that do not, and students who eat breakfast are less likely to be obese compared to other students (21). In Turkey, the interventional studies related to developing healthy nutritional habits in children and adolescents are quite limited (22).

The present study is differentiated from others in the literature in that this is the first study to be conducted in Turkey that evaluated the results of nutritional education accompanied by the offering of a noon meal. This study was carried out to determine the effects of a school-based nutritional program (SBNP) designed for adolescents in high school, who are for various reasons unable to eat a midday meal, on their anthropometric measurements, blood test results and eating habits.

METHODS

Design

This quasi-experimental study was of pretest-posttest, one-group design.

Population

The study population consisted of 148 adolescents who had difficulty accessing a midday meal at a high school in a district of Istanbul that generally represented a community of middle socioeconomic status (total number of students in the 63 classes=1754).

Recruitment criteria: The study recruited students who lived at a distance from school, whose parents were divorced or who had lost one or the other or both parents, those who lived with family elders and whose parents did not work. Classroom teachers evaluated all of the children in the school (N=1754) in terms of the research criteria. There were 246 students who matched the study criteria. The study was completed with 148 students who agreed to participate in the research along with their families.

Instruments

Five tools were used for data collection in this study (Figure 1):

1. The demographic data questionnaire included information about the participants' sociodemographic characteristics (age, gender, grade, parents/family type, parents' education, number of siblings, etc.). Additionally, the students were queried as to sores in the mouth, gingival bleeding and hair loss with the thought that these conditions could be associated with vitamin deficiency.

2. Anthropometric measurements

The students' height-weight, waist and arm circumference measurements were taken. Third-year nursing students took the measurements before and after the SBNP, using the same measuring tapes and height measurement instruments. To avoid mistakes in the measurements, the same persons took the measurements before and after the program.

3. Biochemical tests

An agreement was made with a hospital close to the school for the biochemical tests; the technicians at the hospital laboratory inde-

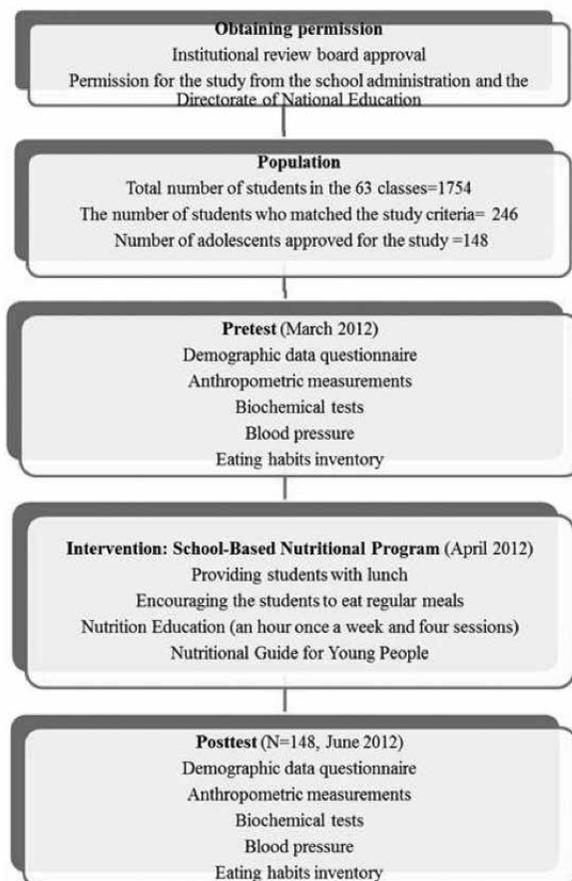


Figure 1. The Research Process

pendently tested for iron in the blood, iron binding, total iron binding capacity and also drew up a hemogram (hemoglobin, hematocrits, erythrocytes, leukocytes). Normal values were accepted as: Iron: 50-200 mg/l, iron binding: 50-150 mg/dl, total iron binding capacity: 300-360 mg/dl, hemoglobin: 13 mg/dl, hematocrits: 40% (23), erythrocytes: 4,200,000-6,000,000 mm³, leukocytes: 5,000-10,000 mm³. Hemoglobin below 12 g/dl in girls and below 13 g/dl in boys was accepted as a low Hb level and an anemia risk (24).

4. Blood pressure was measured by the same person with the same sphygmomanometer in the morning hours, from the left arm with the student in sitting position.

5. Eating habits inventory

The Eating Habits Inventory (EHI) was developed and revised by Demirezen and Coşansu as a six-item questionnaire (4). The item total correlation coefficients of the EHI ranged between .37-55; the Cronbach alpha value was found to be .68. The statements in the index were: “(1) I eat oily and sweet foods; (2) I add salt to my food; (3) I drink more than 3 cups/glasses of coffee, soda or tea; (4) I eat veal, lamb and frankfurters, salami, sausage, and other processed meats made from these, (5) I eat hamburgers, French fries, pizza and other fast foods when I’m out; (6) I eat fruit and dishes made from vegetables, bulgur, haricot beans, chick-peas, lentils and other dry legumes.” The items are scored as Never=0 points; Seldom=1; Sometimes=2; Often=3; and Always=4.

Data collection

The data were collected by university third-year nursing students under the supervision of the researchers. The post test data were collected 4 months after the basic data were collected.

Intervention

School-Based Nutritional Program: The SBNP consists of two stages.

1. The school principal was contacted.

Monetary assistance was provided to the underprivileged families in the parents-teachers association that the Principal indicated.

2. Providing students with lunch

The dieticians of private catering company drew up a menu for the adolescents that would support their growth and development and the students were provided with lunch five days a week over a period of three months.

3. Nutrition Education

The education program drawn up by Geçkil and Yıldız, which had proved to be effective, was used to prepare the content of the nutrition program (25). The program was conducted by the primary author at the school meeting room with the students divided into two groups. The instruction benefited from the teaching methods of discussion, question-and-answer periods, demonstrations and brainstorming. The program included various warm-up techniques and games.

At the start of the instruction, the adolescents were handed out a “Nutritional Guide for Young People,” a booklet prepared by Geçkil. This guidebook contains information on the scope of the education program, going into such topics as a description of the adolescent period and the importance of nutrition, eating a balanced and adequate diet, adolescents’ food needs, food groups, the magical principles in healthy eating, eating with awareness, purchasing foods, and preparing, cooking and preserving food (26). As part of the nutritional program, four sessions of nutrition education that took place for an hour once a week were held.

Statistical analysis

The statistical analysis was performed using SPSS 17.0 (SPSS Inc.; Chicago, USA). Descriptive statistics were used to assess the distribution of the socio demographic characteristics of the adolescents. Normal distribution of the variables was tested using the Kolmogorov-Smirnov test. Leukocytes, erythrocytes, hemoglobin, hematocrit and iron mean scores were normally distribution. Waist and arm circumferences, blood pressure, total iron binding capacity and iron binding did not shown normally distribution (Table 1).

The pretest-posttest comparison of the data on Wbc, Rbc,Hb, Htc values, was performed with the paired samples T test; the pretest-posttest comparison of the mean scores of the BMI, waist, arm circumferences, blood pressure, TIBC, iron binding and items on the EHI was performed using the Wilcoxon Signed Ranks Test. Comparisons for the variables with three or more categories were made with the Marginal Homogeneity Test (MHT) and Mc Nemar test was used for the two categories. The pretest-posttest comparison of the daily meal frequencies was performed with the MHT. All tests of significance were evaluated at the p <.05 level.

Ethics pattern

Permission was obtained from the Clinical Research Preliminary Evaluation Committee of Kırıkkale University, Institute of Health Sciences. Approval for the study was obtained from the city provincial education director and the school principal. Written permission for the study was obtained from the adolescents’ families. The students were asked to provide verbal willingness. The SBNP was offered to the adolescents in the sample after a pre-assessment.

RESULTS

Of the adolescents participating in the study, 85.1% were boys at a mean age of 16.67±1.05. The mothers of 89.9% of the students and the fathers of 81.1% had less than an eight-year education. The compari-

Table 1. Kolmogorov-Smirnov testing the normal distribution of variables.

Variables		Kolmogorov-Smirnov	
		Statistic	P
BMI		.144	<.001
Waist		.112	.002
Arm		.092	.021
Blood Pressure	Systolic	.200	<.001
	Diastolic	.214	<.001
Leukocytes (Wbc)		.073	.200
Erythrocytes (Rbc)		.068	.200
Hemoglobin (Hb)		.083	.106
Hemotocrit (Htc)		.066	.200
Iron		.048	.200
TIBC*		.110	.006
Iron binding		.106	.010

son of the pretest-posttest daily meal frequencies of the adolescents is shown in Figure 2. Of the adolescents, 61.9% (n=70) stated prior to the SBNP that they ate three or more meals a day; this rate climbed to 78.8% (n=89) after the SBNP. A statistically significant difference was found between the pretest and posttest frequencies (p<.001).

A comparison of the adolescents' BMI and arm circumference pretest and posttest mean scores did not reveal a statistically significant

difference (p>.05). There was a statistically significant difference, however, in the posttest compared to the pretest (p<.001) in the waist circumference measurements. There was also a statistically significant drop in both systolic and diastolic blood pressure (p<.001) (Table 2).

The students' posttest Rbc, Hb and Htc values were significantly higher than in the pretest (p<.001) (Table 3). While iron, iron binding and total iron binding values were high on the posttest as compared with the pretest, no statistically significant difference was found (p>.05).

Table 4 presents a comparison of the pretest and posttest in terms of the items of the EHI. Outside of the "adding salt" item, there was no statistically significant difference found between the mean scores on the pretest and posttest (p>.05). It was observed that the use of salt displayed a significant drop in the posttest as compared to the pretest (p<.05). The nutritional group of foods that the students consumed the least in both the pretest and the posttest were foods made with fruits, vegetables and dry legumes; the nutritional group of foods they consumed the most was oily and sweet foods (Table 4).

There was a significantly reduced number of students suffering from canker sores or cold sores in the mouth, gingival bleeding or hair loss in the posttest as compared with the pretest (p<.001) (Table 5).

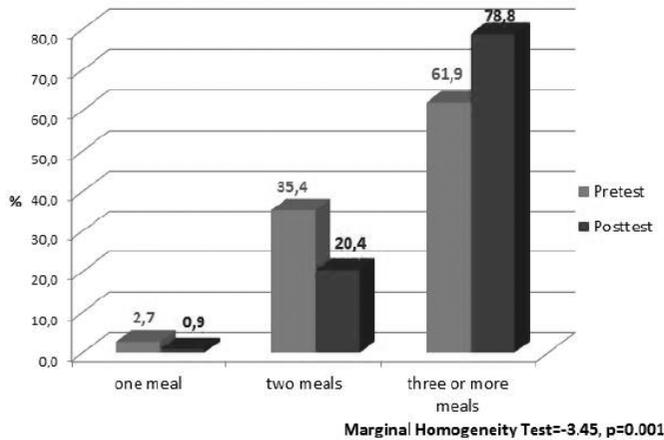


Figure 2. Comparison of students' pretest-posttest daily mean percentages

Table 2. Comparison of students BMI and blood pressure mean measurements on the pretest and posttest.

Measures	Pretest		Posttest		Statistic	
	M±SD	Min-Max	M±SD	Min-Max	Z*	p
BMI	21.54±3.48	16.50-33.5	21.66±3.44	16.5-34	1.49	.135
Waist	79.66±10.32	60-117	76.46±9.9	60-120	-4.78	<.001
Arm	25.76±4.47	19-54	25.25±3.01	19-34	-1.15	.249
Blood Pressure						
Systolic	112.06±12.32	80-150	106.81±13.44	70-150	3.55	<.001
Diastolic	70.26±9.14	50-90	66.90±8.56	40-90	3.40	.001

*Z: Wilcoxon Signed Ranks Test; SD: standart deviation.

Table 3. Comparison of Students' pretest-posttest blood results

Measures	Pretest		Posttest		Statistic	
	M±SD	Min-Max	M±SD	Min-Max	t	p
Leukocytes (WBC)	6.40 1.62	2.20-11.40	6.44 1.73	3.67-12.20	.25	.803
Erythrocytes (RBC)	4.77 .35	3.88-5.57	4.87 .38	3.96-5.62	5.31	<.001
Hemoglobin (HGB)	13.6 1.07	10.4-16.1	14.11 1.21	10.9-16.6	8.13	<.001
Hemotocrit(HCT)	39.65 2.91	31.3-47.0	40.91 3.21	32.1-47.1	7.36	<.001
Iron	86.04 38.5	14-177	91.83 40.33	18-180	.048	.200
					z	p
TIBC*	341.97 47.69	253-493	347.22 46.12	263-484	.991	.302
Iron binding	255.36 68.01	102-473	257.61 71.41	127-465	.815	.415

*TIBC=total iron binding capacity

t=PairedSamples Test

z=PairedSamples Test

Table 4. Comparison of EHI on pretest-posttest.

Items (never= 0, always =4 points)	Pretest	Posttest	Statistic	
	M±SD	M±SD	Z*	p
I eat oily and sweet foods	1.85±1.04	1.97±1.00	-1.04	.298
I add salt to my food	1.81±1.23	1.51±1.21	-2.64	.008
I drink more than 3 cups/glasses of coffee, soda or tea.	1.31±1.38	1.38±1.35	-.41	.681
I eat veal, lamb and frankfurters, salami, and other processed meats made from these.	1.62±1.05	1.71±1.07	-.82	.407
I eat hamburgers, French fries, pizza and other fast foods when I'm not out.	1.38±1.11	1.43±1.12	-.46	.644
I eat foods made from fruit, vegetables, bulgur, haricot beans, chick-peas, lentils and other dry legumes.	0.91±1.03	0.95±0.97	-.29	.772

*Z: Wilcoxon Signed Ranks Test; SD: standart deviation.

Table 5. Pretest-Posttest comparison of students with canker sores or cold sores in the mouth, gingival bleeding or hair loss

Variables	Pretest n (%)	Posttest n (%)	Statistic* p
Canker sores, cold sores in the mouth	30(26.5%)	8(7.1%)	<.001
Gingival bleeding	39(34.5%)	26(23.0%)	.028
Hair loss	45(39.8%)	34(30.1%)	.022

*McNemar test

DISCUSSION

The results of this study showed that the SBNP had a positive impact on reducing many health risks. The SBNP was found to instigate an increase in the number of meals adolescents ate, decrease their salt intake, raise Rbc, Hb and Htc values, pare down waist circumferences and reduce blood pressure values, as well as decrease the percentages of canker sores and cold sores in the mouth, gingival bleeding and hair loss. The strengths of this study included the implementation of an education program whose effectiveness had been previously proved and additionally, the fact that lunch was provided at school.

It was determined that before the nutritional program, a significant percentage of the adolescents (38.1%) ate two meals or less. At the same time, the adolescents used to eat more oily food and sweets, and preferred to eat fruit, vegetables and dried legumes the least. The reason adolescents chose to eat a great deal of unhealthy foods might be that they had difficulty accessing healthy foods at school or because the school canteens usually sell mostly sweet, oily and salty foods, or even perhaps because these readymade foods are more fulfilling and cheaper. The results of studies carried out with adolescents have shown that especially in the case of children from lower socioeconomic backgrounds, skipping meals and making unhealthy choices is a common habit (1, 3, 6-9, 11, 15, 17).

It was seen in this study that according to the EHI, salt intake had been reduced after the SBNP. It is reported in studies that a significant percentage of adolescents sprinkle salt on their food without first tasting it (27). Salt intake increases risks for many health issues, particularly hypertension and other cardiovascular problems (28, 29). Reducing salt intake at early ages will make an important contribution to reducing these risks. The lack of change in the EHI items outside of salt intake

at the end of the program showed that it is difficult to change the deep-rooted eating habits of adolescents. The fact that the SBNP was not effective in increasing the consumption of fruits, vegetables and dishes made with dry legumes may be associated with the absence of these foods at school canteens and the difficulty of making these at home. SBP showed a statistically significant decrease in the posttest. However, it would be difficult to assume that this result was solely related to the salt restriction imposed within the scope of the SBNP. As much as the fall in SBP may be associated with the reduction of salt in the diet, it may also have been caused by many other factors.

Studies demonstrate that, particularly in homes with lower socioeconomic means, adolescents are at risk of developing anemia but also show that the risk of anemia may be reduced by consuming the appropriate foods (11, 17). In this study, it was observed that following the nutritional program, there were statistically significant increases in the adolescents' Rbc, Hb and Htc values. While iron, iron binding and total iron binding values were not found to display a significant change on the posttest as compared with the pretest, they were still observed to have increased. Also, although on the posttest, the Hb and Htc values of adolescents with less than normal readings did not display a significant change, they had decreased. This improvement seen in the blood values suggests that the program will be effective in reducing health problems that are associated with nutrition such as anemia.

There was no significant difference found in this study between the mean scores on the pretest and posttest in terms of BMI or arm circumference measurements; there was however a significant decrease seen in waist measurements. A reduction of waist measurements when BMI is in normal boundaries is a desired objective. A thickening of the waist can be an identifying symptom for chronic disease risk (28, 30). Studies have shown that the nutrition support programs made available to adolescents at the schools have increased their intake of healthy foods and for that reason are helpful in promoting a healthier lifestyle (18). It has also been shown that, contrary to expectations, serving breakfast and lunch at schools does not contribute to increasing the BMI (21).

Studies report that adolescents display vitamin deficiency due to their eating habits (7). In this study, students were asked about canker and cold sores, gingival bleeding and hair loss in order to evaluate their vitamin deficiency and it was found that after the SBNP, there were statistically significant decreases in the incidence of these conditions.

CONCLUSION

To conclude, the strength of the SBNP and its positive effects were seen in its implementation in a small group for a short period; it was observed that the program contributed to increasing the number of meals adolescents were eating, reducing their salt intake, raising their Rbc, Hb and Htc values, paring down their waists, and reducing their blood pressure values, as well as to decreasing the percentages of canker and cold sores in the mouth, gingival bleeding and hair loss. The study also showed that providing students with lunch is an important environmental application that supports children and adolescents, helping them to incorporate basic nutrients in their diet. Since it is known that habits formed in adolescence are likely to become permanent, the nutritional program implemented in this period of life will contribute to the growth of healthy future generations. At the same time, we believe that since there could be no control over the foods sold at school canteens, this placed a limitation on the results of the study. This program may be implemented across the network of schools. Enlisting the cooperation of local administrations, school administrations, families, teachers and students may increase the program's effectiveness. In addition, ensuring the sale of healthy products at the shops and canteens around the school may be another useful endeavor.

Practical Applications

This research showed that a School-based Nutritional Program conducted by school nurses engaged in multi-sector cooperation has a positive impact on reducing students' nutrition-related health risks, especially their risks with respect to vitamin deficiency and their ability to reduce their intake of salt. At the same time, the SBNP helped to increase the number of meals eaten in a day and to reduce waist measurements and blood pressure readings.

In the light of these results, it can be suggested that, when the SBNP is implemented at the schools, it would be useful for the program to include additional environmental initiatives that allow for fruits and vegetables to be available in the school canteens as an effort to increase the consumption of the food groups of fruits, vegetables and dry legumes. Also, on the basis of the knowledge that peer influence is very strong in adolescence, it might be suggested that the success of the program can be enhanced if peer leaders can lend their support in selecting healthy alternatives to substitute for unhealthy food choices. While the EHI is useful in providing the basic information to evaluate risky eating behavior, it might be more beneficial in terms of understanding the impact of the program if other scales were used for a more detailed nutritional evaluation. Additionally, it might also be suggested that the impact of SBNP is tested with a comparison between healthy adolescents and those with nutrition-related health problems such as obesity and anemia.

Ethics Committee Approval: Ethics committee approval was received for this study (No. 2012/49).

Informed Consent: Permission was obtained from the written informed consent form was obtained from all of the students' parents. The students were asked to provide verbal willingness.

Peer-review: Externally peer-reviewed.

Author contributions: Concept – S.A.; Design - S.A.; Supervision - A.E; Resource - S.A.; Materials - S.A.; Data Collection and/or Processing – S.A.; Analysis and/or Interpretation - S.A., A.E.; Literature Search - S.A.; Writing - S.A. Critical Reviews - A.E.

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Conflict of Interest: Authors have no conflicts of interest to declare.

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