



Fuel Your Future: Promoting Healthy Diet and Nutrition Among Adolescents (13–18 Years)

- **Health Behaviour Focus:** Diet and Nutrition
- **Target Population:** Adolescents (13–18 Years)
- **Module:** Social Epidemiology and Public Health Development (LCHS7000)
- **Assessment:** Public Health Campaign Presentation
- **Institution:** University of Wales Trinity Saint David
- **Date of Submission:** March 2026
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Campaign Overview

- Community-based nutrition intervention programme
- Duration: **8-week campaign** (1 session per week)
- Target population: **Adolescents aged 13–18 year**
- Participants: **approximately 40–50 students**
- Activities: **nutrition education, cooking workshops, food label training, social media campaign**
- Expected reach: **500+ adolescents through online awareness**
- **Goal:** increase fruit and vegetable intake and reduce sugary drinks



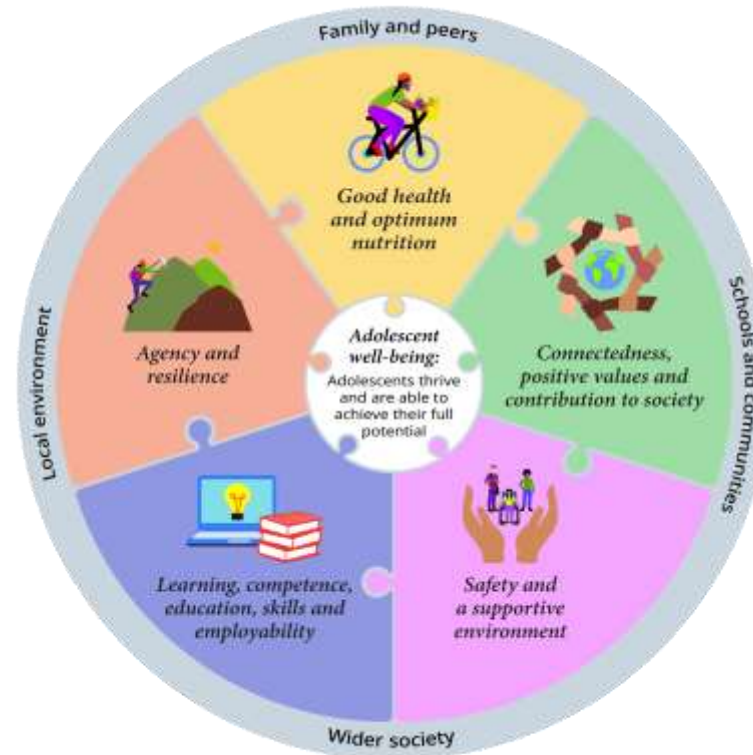
Introduction to Diet and Nutrition

- Healthy diet: balanced intake of essential nutrients
- Recommended **5 portions of fruit and vegetables daily**
- Macronutrient balance: **50–60% carbohydrates, 15–20% protein, 20–30% fats** (Nimbus Clinics, 2021)
- Adolescents require **2,000–2,800 kcal/day** depending on sex and activity level (Faizan and Rouster, 2023)
- Balanced nutrition supports growth and development
- Poor diet linked to **micronutrient deficiencies and chronic disease**



Why Focus on Adolescents?

- Adolescence (ages **10–19**) is a key developmental stage
- **1 in 5 adolescents globally is overweight or obese**
- UK data: **only about 18% of adolescents meet the 5-a-day guideline**
- High consumption of **sugary drinks and ultra-processed foods**
- Teenagers consume **over 50% more sugar than recommended levels** (Nimbus Clinics, 2021).
- Peer influence and social media affect food choices



Public Health Importance

- Poor diet contributes to **11 million deaths globally each year**
- Responsible for **over 255 million disability-adjusted life years (DALYs)** (The Lancet, 2019)
- Major risk factor for **obesity, type 2 diabetes and cardiovascular disease**
- UK: **over 28% of children aged 11–15 are overweight or obese** (NHS England, 2024)
- Poor nutrition affects **mental health, energy levels and academic performance**



Epidemiological Statistics

- Only ~18% of UK adolescents meet the “5-a-day” fruit and vegetable recommendation (NHS Digital, 2024)
- Adolescents consume around 3 portions of fruit and vegetables daily on average
- 28% of children aged 11–15 are overweight or obese in the UK (Ryan *et al.*, 2022)
- Sugary drinks contribute ~30% of daily sugar intake among teenagers
- Sugar consumption among adolescents is over double the recommended intake (NHS Digital, 2024)
- Indicates need for targeted nutrition interventions

% achieving 5 a day



National Guidelines

- NHS “Eatwell Guide” recommends balanced diet from 5 food groups
- At least 5 portions of fruit and vegetables daily
- Carbohydrates should provide **around 50% of daily energy intake**
- Free sugar intake should be **less than 5% of total daily calories**
- Maximum recommended **salt intake: 6g per day for adolescents** (NHS, 2025)
- Encourage water and limit sugary drinks



Short-Term Consequences of Poor Diet

- Energy imbalance leading to fatigue
- Poor nutrition linked to **reduced academic performance**
- High-calorie diets increase **rapid weight gain** (Al-Naamani *et al.*, 2025)
- Excess sugar intake affects **concentration and memory**
- Poor diet associated with **lower physical activity levels**
- Increased risk of **nutrient deficiencies (iron, calcium)** (Marcus *et al.*, 2022)



Long-Term Consequences of Poor Diet

- Increased risk of **childhood and adult obesity**
- Higher likelihood of **type 2 diabetes**
- Increased risk of **cardiovascular diseases**
- Poor diet linked to **hypertension and high cholesterol** (Al-Naamani *et al.*, 2025)
- Associated with **mental health disorders such as depression**
- Long-term burden on **healthcare systems** (Marcus *et al.*, 2022)



Determinants of Dietary Behaviour

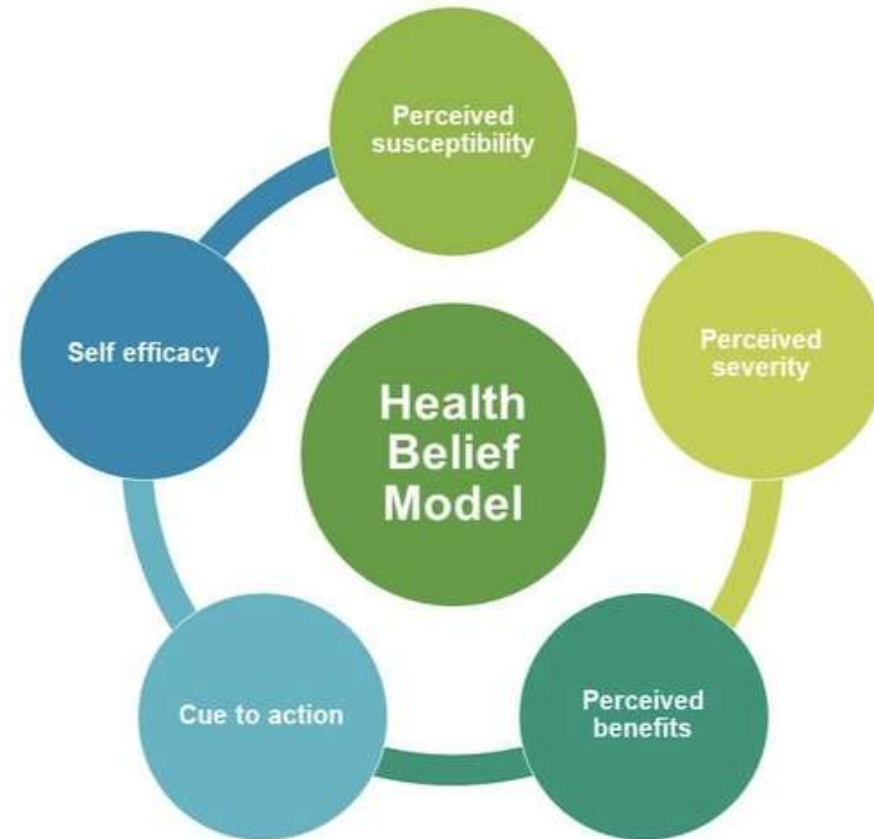
- Socioeconomic status influences access to healthy foods
- Family eating patterns shape dietary habits
- Availability of fast food and processed foods
- Cultural beliefs and traditions influence diet
- Education and nutrition knowledge affect food choices (Vos *et al.*, 2022)
- Linked to **social determinants of health** such as income and environment



Health Behaviour Theory (*Health Belief Model*)

Health Belief Model components:

- **Perceived susceptibility:** belief about risk of disease
- **Perceived severity:** seriousness of health consequences
- **Perceived benefits:** belief that behaviour change improves health
- **Perceived barriers:** obstacles to adopting healthy behaviour (Li, 2025)
- Used to explain **health behaviour change**



Rationale for the Campaign

- Only **18% of UK adolescents** meet the **5-a-day fruit and vegetable guideline**
- Average adolescent intake: **about 3 portions daily**
- **28% of UK adolescents aged 11–15 are overweight or obese**
- High consumption of **sugary drinks and ultra-processed foods**
- Early intervention can prevent **chronic diseases later in life** (NHS Digital, 2024)
- Campaign aims to improve **awareness, knowledge and behaviour change**



Aim of the Campaign

Aim: To improve healthy eating behaviours among adolescents aged 13–18 years through a **structured 6-week nutrition education programme**.

Supporting Goals:

- Increase nutrition knowledge
- Promote healthier food choices
- Reduce sugary drink consumption
- Encourage balanced diets among adolescents.



SMART Objectives

Objective	Specific Action	Measurable Target	Time Frame
<i>Improve nutrition knowledge</i>	Deliver nutrition education sessions to adolescents	30% increase in knowledge scores in post-programme survey	Within 6 weeks
<i>Increase fruit and vegetable intake</i>	Encourage participants to follow the 5-a-day guideline	Increase intake from 3 to 5 portions per day among participants	Within 6 weeks
<i>Reduce sugary drink consumption</i>	Promote healthier beverage choices such as water and natural juices	20% reduction in sugary drink consumption among participants	Within 6 weeks
<i>Increase programme participation</i>	Encourage consistent attendance in weekly sessions	Achieve at least 80% attendance rate across sessions	During the 6-week programme

Description of the Intervention

- **6-week nutrition education programme**
- Weekly sessions lasting **60 minutes**
- Participants: **40–50 adolescents**
- Activities include:
 - Nutrition education sessions
 - Healthy cooking demonstrations
 - School awareness campaigns
 - Interactive learning activities
- Delivered through **schools and community centres**



Weekly Activity Plan

Week	Session Topic	Key Activities	Expected Outcome
Week 1	Introduction to Healthy Nutrition	Overview of balanced diet, importance of nutrients, discussion on current eating habits	Participants understand the basics of healthy eating
Week 2	Understanding Food Labels	Learn how to read nutrition labels, identify sugar, salt, and fat content	Participants develop skills to make healthier food choices
Week 3	Healthy Meal Preparation	Practical cooking workshop demonstrating simple healthy meals	Participants gain practical skills in preparing nutritious meals
Week 4	Reducing Sugar Intake	Education on risks of excessive sugar consumption, alternatives to sugary drinks	Participants reduce sugary drink and snack consumption
Week 5	Balanced Diet and Physical Activity	Discussion on combining healthy diet with regular exercise	Participants understand the link between diet and physical health
Week 6	Healthy Lifestyle Challenge	Interactive activities, group discussions, goal setting for healthy eating	Participants commit to maintaining healthier eating habits

Campaign Strategies

Strategy	Description	Expected Impact
Education Workshops	Interactive nutrition education sessions delivered in schools and community centres to teach adolescents about balanced diets and healthy food choices.	Improved nutrition knowledge and awareness among participants.
Social Media Promotion	Use platforms such as Instagram, TikTok and school websites to share healthy eating tips, campaign messages and short educational videos.	Increased campaign reach and engagement with 500+ adolescents.
School Engagement	Collaboration with teachers and school administrators to integrate nutrition awareness activities and promote participation.	Higher participation rates and stronger support for healthy eating habits.
Peer Influence Approach	Encourage peer leaders or student ambassadors to promote healthy eating and share positive behaviour changes.	Greater motivation and behaviour change due to peer support and influence.

Campaign Poster

Fuel Your Future—

Eat Smart, Stay Healthy

**Eat 5 portions of
fruit and vegetables daily**

Join our 6-week healthy eating programme for ages 13–18

Venue: Community Centre, High Street

Dates: May 6 – June 15

'Time: 6 – June 15.

Contact: 01234 567890

Programme details: Location, social media: info@healthycampaign.org.

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Stakeholders and Partners

Mendelow Category	Stakeholders	Role in the Campaign	Engagement Strategy
High Power – High Interest (Key Players)	Local Council Public Health Department, NHS Health Promotion Teams	Provide funding, policy support, and professional expertise	Work closely with them in planning, implementation, and evaluation (Madlala et al., 2023)
High Power – Low Interest (Keep Satisfied)	School Administration, Education Authorities	Provide access to schools and facilities for programme delivery	Keep informed through reports and progress updates (Chiwala et al., 2025)
Low Power – High Interest (Keep Informed)	Students (Adolescents), Parents, Teachers	Primary participants and supporters of behaviour change	Regular communication, workshops, and feedback opportunities
Low Power – Low Interest (Monitor)	Local Community Members, Food Retailers	Indirect influence on food environment and community awareness	Provide general campaign information and promotional materials (Madlala et al., 2023)



Resources Required

Resource Category	Specific Resources	Purpose
Funding	Estimated budget £1,500–£2,000 for materials, food supplies and promotion	Supports programme implementation and campaign activities
Educational Materials	Posters, nutrition leaflets, presentation slides, teaching guides	Provide information and learning resources for participants
Human Resources	Nutrition educators, dietitians, public health staff, volunteers	Deliver workshops, cooking demonstrations and programme management (Chiwala et al., 2025)
Facilities / Venue	School classrooms, community centres, kitchen facilities	Provide space for workshops, discussions and cooking sessions
Equipment and Supplies	Cooking equipment, ingredients, multimedia equipment (projector, laptop)	Support practical demonstrations and interactive learning
Digital Promotion Tools	Social media platforms, QR codes, online campaign materials	Promote the campaign and reach a wider adolescent audience (Mullaney et al., 2025)

Evaluation Methods

Evaluation Type	What It Measures	Methods Used	Example Indicators
Process Evaluation	How the programme is implemented	Attendance tracking, session observations	Number of sessions delivered, participation rate
Impact Evaluation	Immediate changes in knowledge and behaviour	Pre- and post-programme surveys	Increase in nutrition knowledge scores
Outcome Evaluation	Long-term health behaviour changes	Follow-up questionnaires and health monitoring	Increased fruit and vegetable intake, reduced sugary drink consumption

Measuring Success

Indicator	Measurement Tool	Target Outcome
Nutrition Knowledge	Pre- and post-programme questionnaires	30% increase in knowledge scores
Fruit & Vegetable Intake	Dietary behaviour survey	Increase from 3 to 5 portions per day (Chiwala et al., 2025)
Sugary Drink Consumption	Weekly food diary / survey	20% reduction in sugary drink intake
Participation Rate	Attendance records	At least 80% session attendance
Participant Satisfaction	Feedback forms	Positive feedback from 85% of participants (Mullaney et al., 2025)

Expected Outcomes

Outcome Type	Expected Results	Public Health Impact
Short-Term Outcomes	Increased nutrition knowledge and awareness	Adolescents understand healthy diet recommendations
Behavioural Outcomes	Increased fruit and vegetable consumption and reduced sugary drinks	Improved daily dietary habits (Chiwala et al., 2025)
Long-Term Outcomes	Reduced risk of obesity and chronic diseases	Improved adolescent health and wellbeing
Community Impact	Greater awareness of healthy eating within schools and families	Supportive environment for healthy behaviours

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THANK

The word 'THANK' is rendered in large, bold, colorful capital letters. Each letter has a small, stylized cartoon child standing on top of it. From left to right: a yellow boy on 'T', a purple girl on 'H', a pink girl on 'A', a red boy on 'N', and a blue girl on 'K'. The children are in various playful poses, such as jumping or standing with arms raised.



YOU

The word 'YOU' is rendered in large, bold, colorful capital letters. Each letter has a small, stylized cartoon child standing on top of it. From left to right: a green girl on 'Y', an orange girl on 'O', and a purple boy on 'U'. The children are in various playful poses, such as jumping or standing with arms raised.