

# European Teenagers' Life-style Habits and Healthy Living Phenomenon

<sup>1</sup>Odetta Gluoksnyste, <sup>2</sup>Leif Tvilum and <sup>3</sup>Ale Murauskiene,  
<sup>1,2,3</sup>Marijampole R. Stankevicius Basic School, Marijampole College, Marijampolė 68125, Lithuania

**Abstract:** The European community has repeatedly outlined that people's way of life was deeply destructive. As a consequence, they have carried out policies in order to improve people's health. Those policies do work with some people, however younger generations have never been so much in danger of being overweight than they are today. Healthy life style problems are for all generations but especially for younger people they have been important topics in many societies for quite a while. We can blame bad habits, lack of information, too much usage of new technology and lack of knowledge about human's negative influence on themselves as well as bad influence from the social and physical environment. The article deals with the problem of unhealthy students and presents the results of the students as well as their parents' health issues and social, emotional and psychological well-being.

**Keywords:** *healthy lifestyle, well-being, living habits, teenagers healthy living.*

## I. INTRODUCTION

The negative development in health is not only a problem or challenge for young people. It is a problem for people all ages. Nowadays it seems this is the biggest challenge for the young ones<sup>i</sup>. There is a big amount of problematic influence from social and physical environment for the teenagers at school. As examples we would mention, commercials, parents, friends and school mates, computers, way of transportation<sup>ii</sup>.

Not only the physical side of the pupils are challenged these days, but also the psychological sides of well-being are being challenged so to bring up young people with good and positive self-esteem is also a great challenge. To strengthen and support young people's social development is just as much of great importance and utmost connected to physical health and well-being.

There is a broad common understanding that the most important place to meet these challenges is through the school in broadest sense. This includes nurseries, pre-school and primary and secondary education<sup>iii</sup>.

Schools nowadays, therefore, meet a big challenge to educate happy, healthy and stable pupils. School children in general should gain knowledge, skills, competences, and personal approaches for sustainable changes of life style – for the greater part of them -to a healthier living before bigger health problems start to appear and influence their lives. Schools should urge young people to take responsibility of own life style and health by inviting them to active participation into improvement of body activity, nutrition and healthy life style as such – as well as a more positive life style that also influences their view on life. Pupils, as well as their parents should be motivated to active and ecological way of thinking and living. Through active and positive learning engagement the additional aim of each school should be to develop knowledge and understanding about “healthy living”, and “green lifestyle”, which means less sugar and saturated fat and

more fruit and vegetables, fibres, as well as good exercise and fresh air and positive thinking. Schools should prepare the plans, where pupils will be motivated to renew the connection between themselves and the nature and create health- and environment friendly values.

## II. PROBLEM IDENTIFICATION AND BASIC PRINCIPLE

The **aim** of the article – to find out about the situation of pupils' health condition and their life-style in five European countries.

The objectives are as follow:

1. To overview the situation on Healthy living at schools and the programmes they follow.
2. To analyse the factors of Healthy Life-style and the possible improvement methods.
3. To compare the situation on Healthy living in five different European schools.
4. To compare the results on Healthy Living between parents and pupils to find out if there is a correlation.

### Educational goals

Training content at schools is of crucial importance to comply with the aim of training program – using non-traditional innovative methods with theoretical and physically active games. Training programs are created using approach of experience education – learning by doing in active learning environments - development of action competence, where the children will be the main “actors”. Acquisition of knowledge and skills will be three dimensional: adoption of practical skills, training of critical (ref) social skills and development of important values for a healthy life style, which leads to taking care of own life situation – action competence.

The term connection between “health” and “values” is not totally unproblematic. In modern society there is often being put an equal sign between good values and being healthy, which of course is only a small part of good values. Being social, caring, “a good citizen” with a positive self-esteem could be other and maybe even more important values.

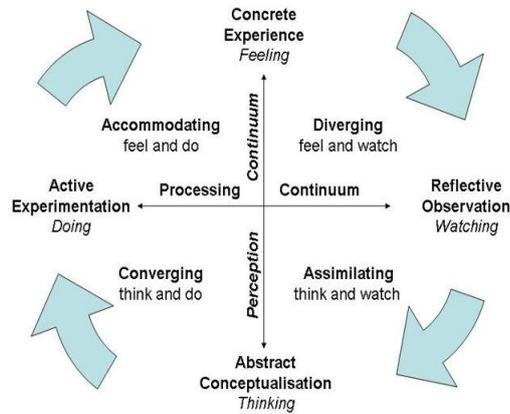
### Theoretical approaches

There are going to be introduced some theoretical approaches aiming at in the first place to enhance learning, so that learning becomes relevant and useful for the students, second so that the learning will focus on relevant issues concerning on the one hand health and wellbeing for the students on the other hand the understanding of the spheres in the environment that has relevance for the pupils' possibilities to develop adequate approaches and tools to relate to how to tackle issues of relevance for their own health.

D. A. Kolb developed this circle that includes abstract thinking, active experimentation, concrete experimentation, reflective observation, abstract thinking etc. This way of working can proceed continuously.

Some aspects in this are important. First of all, that it is the pupils' works that is the main focal point. Second that the teacher is the adviser mainly on the working and learning process, not on the content.

In this project we aim, through several "rounds" of the healthy lifestyle development to enable the pupils to focus on this continued learning process.



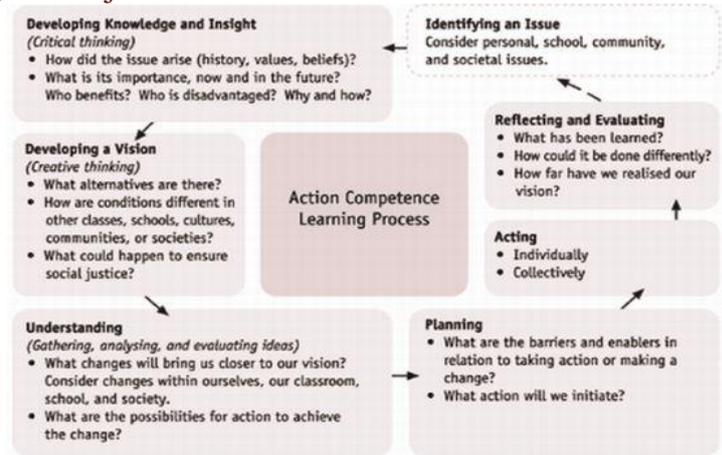
Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.

### Action competence learning process

The second model showing the action learning competence process focusses on the dialectics between pupils on the one hand and the social environment on the other hand. It provides a framework that enables students to take individual or collective action. The term "action competence" means the development of those competencies (understandings and skills) that enable students to take critical position and action. The issue selected for action should be one that students have chosen so that it has meaning and relevance for them. Issues will emerge out of the themes or contexts that are currently being studied. The school subjects in use are those which can provide knowledge for enlightening and handling the issues, so that not only sports and home economy will go into the topics, but also subjects like civics, biology, maths etc. etc.

They then work in groups or teams with outset in in critical and creative thinking to visualise how they visualize things could be or to decide what improvements they would like to see. They analyse the issue and their ideas about it to determine the possibilities of action at school and in a broader sense and go on to identify what could help or hinder them to achieve their goal. A plan will be developed, e.g. a teaching plan or an event or other actions and the pupils implement them. After completing their action, the pupils evaluate the outcome(s) and identify what they have learned from the experience (even if their original goal has not been achieved) (see Kolb). The evaluation will form the outset for new actions focussing on environment of social issues in combination with themselves, their personal and social development.

**Diagram: Action competence learning process<sup>iv</sup>**



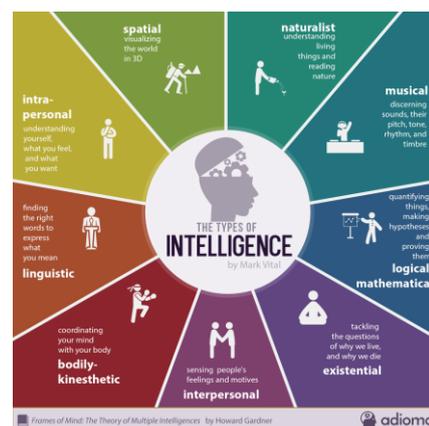
Jensen, B. B., & Schnack, K. (1997). The action competence approach in environmental education. *Environmental Education Research*, 3(2), 163 – 178. Retrieved 24<sup>th</sup> August 2015 <sup>v</sup>

### Howard Gardner and 9 intelligences

In the following paragraph the 9 intelligences of Howard Gardner will be introduced. The main idea is that at school we have mostly only been working with two intelligences, the logical-mathematical and the linguistic intelligences. All other ways of learning have been subordinated to these intelligences.

Howard Gardner's approach is purely theoretical, but still challenges the traditional ways of learning, implying that many children learn in many other different ways<sup>vi</sup>

As one approach to working with a broader scale of intelligences, Howard Gardner mentions the "Reggio Emilia approach" from Italy as a fruitful way of working with all intelligences – the children being active, creative, examining and expressing themselves through "A100 languages".<sup>vii</sup> The outset is in the children and in the way they learn, but also challenging them to learn and express in new ways. The challenges are based on structured observation of the children and their approaches<sup>viii</sup>.



Using these intelligences are part of the pedagogical approach in teaching pupils about healthy living and are very relevant, when exactly we work with the subjects like sports and food for health, where also other subjects will be a natural part of analysing healthy way of living.

### Physical and psychological health

In the above approaches to "Healthy life style" the focus has mainly been on the physical side of healthy living: nutrition and physical activity. However, this approach was challenged around 15 years ago by stating, that health is more than that. Danish/Norwegian master of pedagogy Tone Saugstad and USA born Ruth Mach- Zagal, divides into 4 different

approaches to a healthy lifestyle:<sup>ix</sup>

- Health is equal to absence of illness
- Health is equal to right health behaviour
- Health is equal to life quality
- Health is a resource

**The first approach** contained that people shall avoid illnesses, and in this way an illness was understood as being something physical that in general had to be cured using medicine. One is healthy, if one is not ill.<sup>x</sup>

**The second approach** operates with the same approaches as the first one ill/healthy, but in this approach it is a way of living. The philosophy is that you stay healthy if you live in a healthy way. Implied is that if you live healthily you stay healthy and you do not get ill. So it contains rules like: Drink less alcohol, eat healthier food, and exercise every day. The main approach is a modification of behavior. It also contains that though we have knowledge on healthy lifestyle, we tend to act against our knowledge.

An important objection to this approach would be that you still might get ill in spite that you lead a healthy life style.<sup>xi</sup>

**The third approach** is different from the two former approaches as it regards health as more than absence of illness. This approach regards it more like presence of life quality. This approach states that health has nothing to do with a body and a physical illness at all, as life quality might have got nothing to do with good physical health.<sup>xii</sup>

**The fourth approach: Health as a resource** shares the broad and positive understanding of health, which appeared in WHO's definition of health from 1947: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

To conclude, there are many factors which determine a healthy life. But there is a difference from the WHO definition, as this fourth approach also implies that health is a resource. It is a mean for the good life. It becomes a capacity and ability to master the good life – the opposite of powerlessness. The focus is on action competence as mentioned above. Action Competence is more than just taking an action here and now in the situation. It is not the liberal approach of taking action not considering the barriers that might exist. (see figure Diagram: "Action competence learning process" above). The social environment and the future must be part of the learning process.

### III. METHODOLOGY

#### Methods of analysing healthy lifestyle

The below results of the analysis of life style of pupils and parents has been produced in the following way:

1. A survey, which is a limited number of questionnaires in this case in total 606 questionnaires (see below) with questions to the life style of the children. These results are displayed in the below charts. This is to capture – as much as possible how the situation looks at the participating schools on the project. It is a survey, as the number of participants in the investigation is not high enough to name it a empirically correct investigation according to rules for objectivity.
2. Written questions to all participants (pupils and

teachers) with outset in three important results from the survey. These questions were answered in writing, as a qualitative investigation, by all participants. The purpose is to try to find out, how they look at personal, family and environmental influences on health.

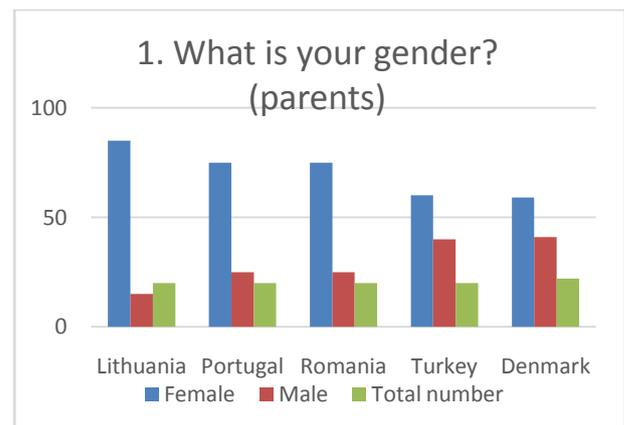
3. Group discussions with outset in the same questions as the individual participant were asked (see 2.) The purpose of this is to try to confront different cultural views on life styles, as well as above mentioned personal, family, environmental influences on health.

The Erasmus+ KA2 project on "Healthy Life style" which is implemented in five school within Europe (Lithuania, Marijampole R. Stankevicius Basic School, project coordinator O. Gluoksnyte; Portugal, Agrupamento de Escolas Dr. António Granjo, coordinator A. Alves; Romania, Colegiul "Gheorghe Tatarescu" Rovinari, coordinator C.E. Patrulescu; Turkey, Halide NusretZorlutunaMeslekive Teknik Anadolu Lisesi, coordinator A. Özdemir; Denmark, Sct. Hans Skole, coordinator S. Joergensen) has the ambitions of not only avoiding illnesses as a cause for unhealthy life style but it also has the ambitions of developing awareness in the young people to be able to take hands on their own lives through learning by doing and developing competent young people taking care of their own health, being able to see where the bad influences come from and how to tackle them, so that they do not spoil their value of life.

### IV. RESULTS AND DISCUSSIONS

In the beginning of the project a questionnaire was made and collected from pupils and parents in the five participating schools, to get an impression of how the pupils and parents see their own health and how it is formed, so that they after one year will be able to measure progresses – hopefully – in their own health, but also so that they will be able to reveal influences from the surrounding environment and act against these bad influences and choose the better ones.

So, 102 parents and 506 pupils were taken as respondents randomly selected from the earlier mentioned schools:



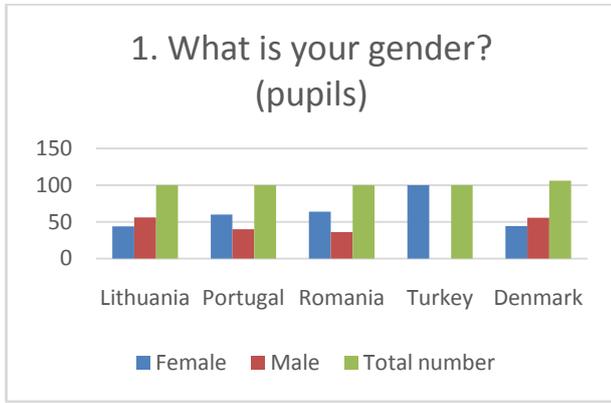


Chart 1. Number of parents and pupils and their gender.

Females dominate in numbers among parents as well as schoolchildren except Lithuania and Denmark. Each country interrogated 20 parents (Denmark 22), aged from 30-34 to more than 55 years old and 100 pupils (Denmark – 106) aged 12-16. The biggest number of parents- respondents was between 40-44 years of age; pupils tend to distribute equally according to their age.

The respondents BMI tends to appear like this:

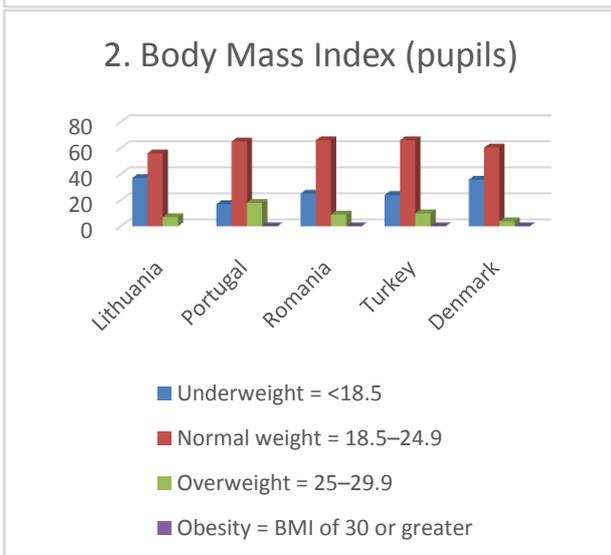
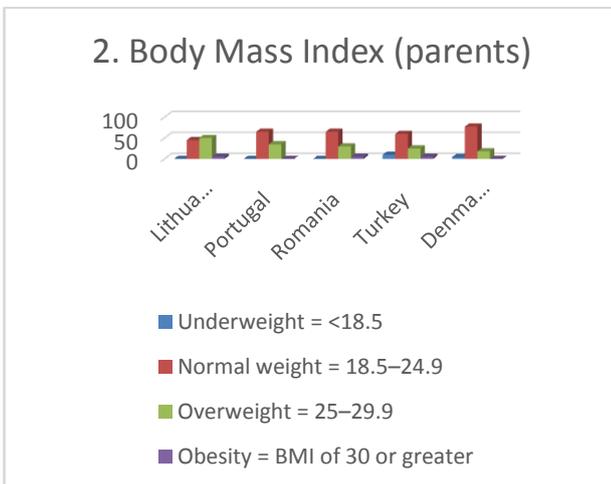


Chart 2. Body mass index of parents and pupils.

There are most Danish parents of normal weight (77%), then Romania and Portugal (65%), Turkey (60%), there are more overweight parents in Lithuania (50%) and only 45% of normal weight, meanwhile pupils with normal weight are in Portugal (65%), Romania and Turkey (66%). Again, the

lowest number of pupils with normal weight is in Lithuania (56%), a bit more in Denmark (60%). There are quite a lot of underweight pupils in Lithuania (37%) and in Denmark (almost 36%). There are no pupils who have problems with obesity, but the biggest number of overweight pupils is in Portugal (18%).

To the question 'What is 'health' to you?', the percentage is the following:

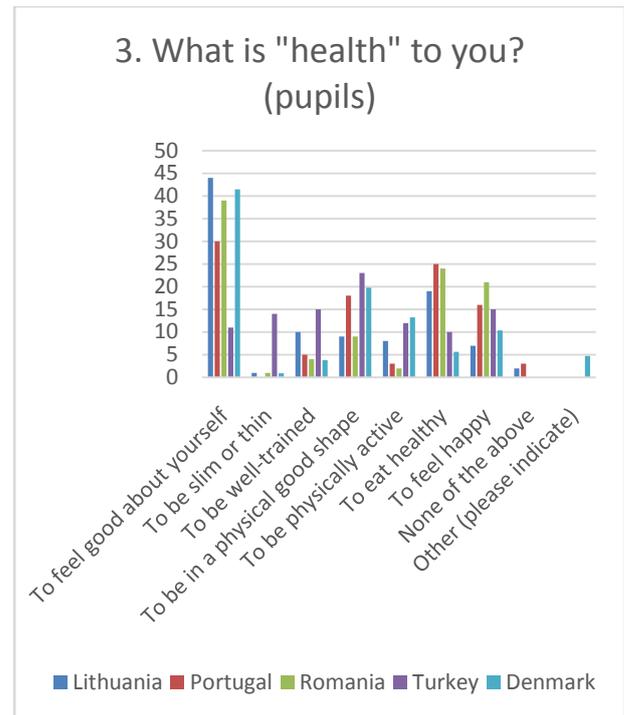
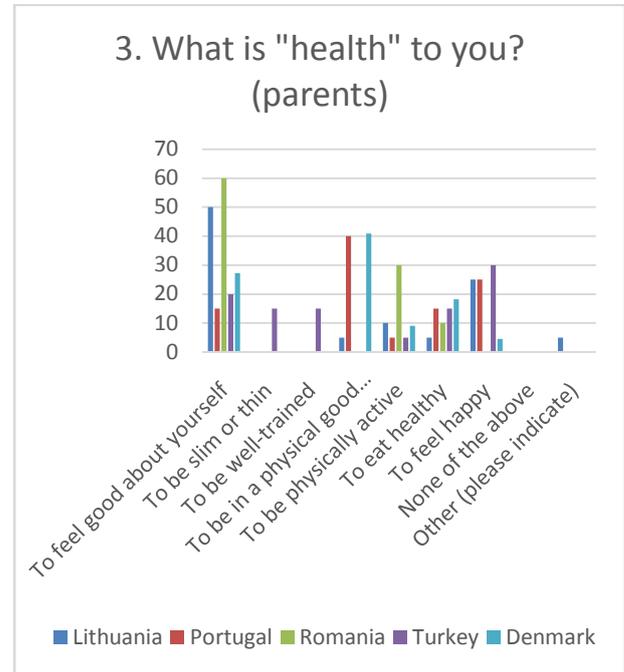


Chart 3. Identification of the conception 'Health' by parents and pupils.

'Health' to most of the respondents means 'feeling good about yourself' by parents as well as pupils, also being in a physical good shape, the third place – being happy as well as eating healthy. We can make the conclusion that parents pass their virtues on to their children and most European countries interpret the conception alike (Chart 3).

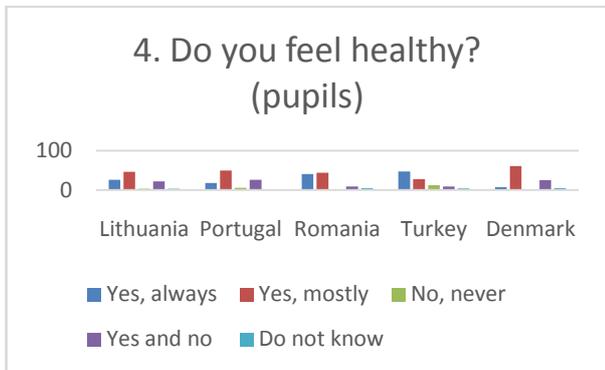
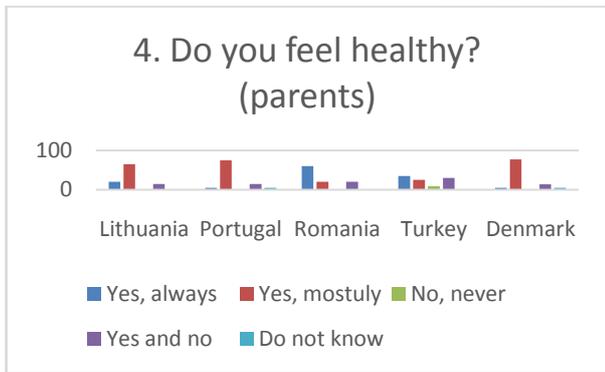


Chart 4. Percentage of the respondents answers to the question if parents and pupils feel happy (%).

The mostly happy people, according to this research, are in Denmark (77% parents, 61% schoolchildren are mostly happy), Portugal (75% parents, 50% children), Lithuania (65% parents, 46% children), in Romania parents always happy (60%) and mostly (20%), meanwhile their children are mostly happy (44%) and always happy (41%), in Turkey people are the least happy (only 35% always and mostly 25% parents, meanwhile their children are always happy -47%).

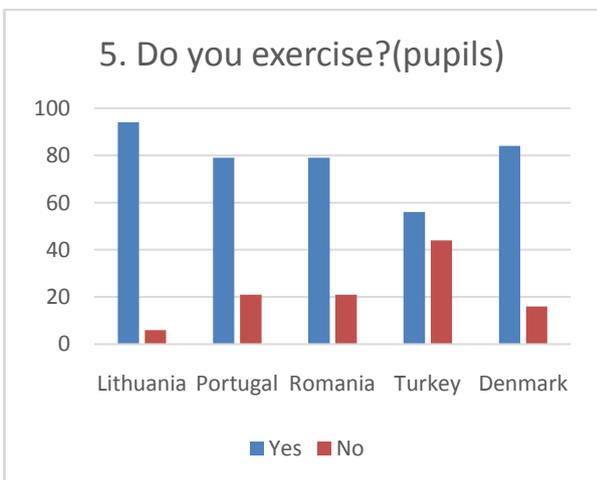
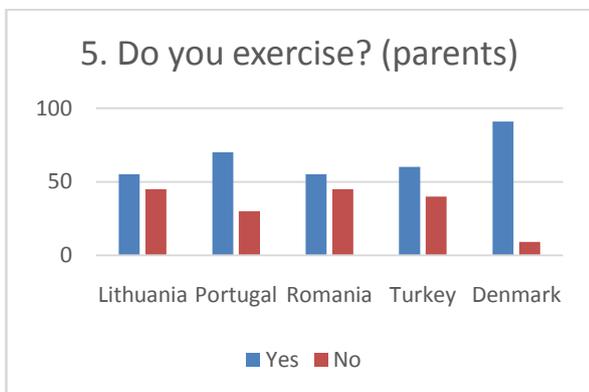


Chart 5. Parents and pupils' active exercising lifestyle (%).

Most parents exercise in Denmark (more than 90%) and most schoolchildren in Lithuania – 94%. 70% of parents' exercise in Portugal, the least active are parents in Romania, meanwhile the least active pupils are in Turkey (56%). On the whole, in all five countries more than half of the respondents exercise and are physically active. Parents on average go into sports 2-5 hours a week, pupils – 1-3 hours a week. Parents choose running, fitness most often, children – fitness and psychical training at school. The main goals in sport are wellbeing both mentally and physically (by both parents and pupils), increasing muscle mass (by pupils) and losing or maintaining weight (by parents).

To the question if respondents are happy about the way their body looks like, their answers divided as follows:

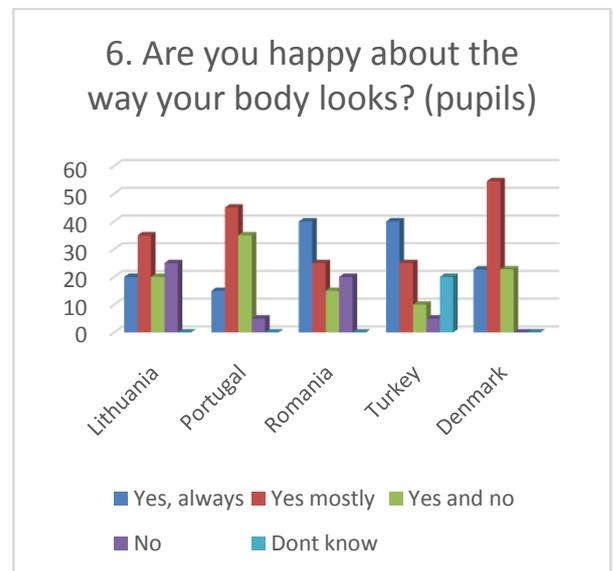
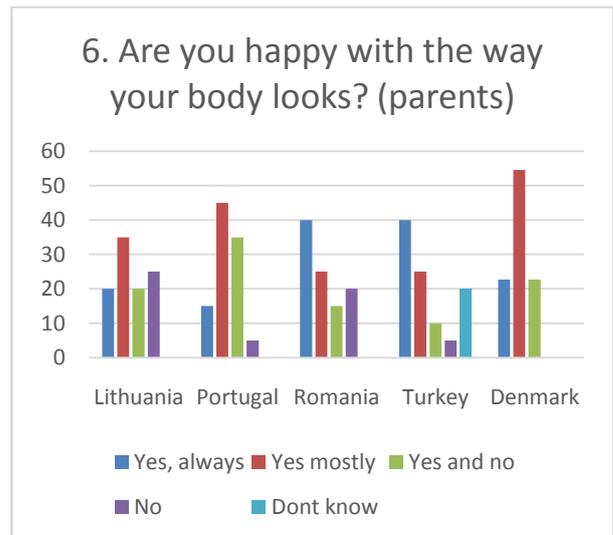


Chart 6. Parents and pupils' opinion about their body (%).

One of the satisfaction and happiness is being happy with how we look. Almost 80% of Danish parents are happy with their bodies, 65% of Turkish and Romanian parents are satisfied, 60% of Portuguese parents, and only 55% of Lithuanians parents are satisfied with how they look. Mostly unhappy children are in Lithuania (25%) and Romania (20%).

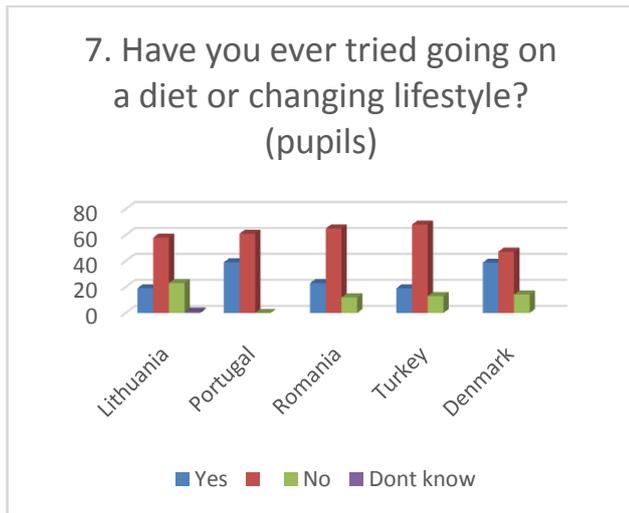


Chart 7. Parents and pupils ever being on a diet or changing their lifestyle (%).

In all countries both parents and children tried to change their lifestyle, except Turkey. The outcomes mentioned by parents were the following: they put weight again, then it stabilises, the weight swings. The most frequent answers mentioned by schoolchildren were the same. Almost half of the respondents think that family, friends, school or other environment have an impact on whether weight loss can be maintained.

In all countries there are no vegetarians or vegans except Turkey (5%) among parents. But the situation among pupils is a bit different: 29% of pupils are vegetarians in Turkey, 8,49% in Denmark, 3% in Portugal, 1% in Lithuania and Romania, 11% of vegans in Turkey, 3% in Denmark and 1% in Portugal.

The second part of the research is based on the emotional state of the respondents.

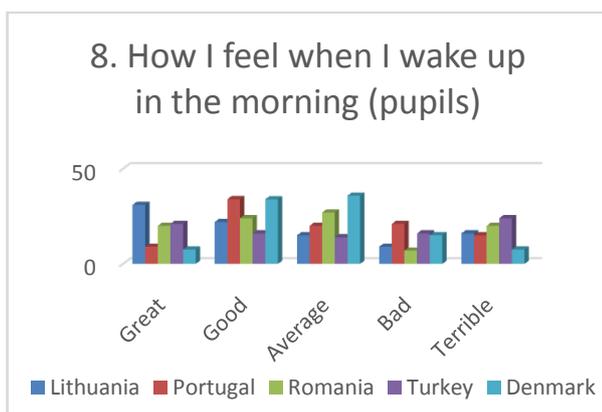


Chart 8. Parents and pupils' feelings in the morning (%).

The most answers 'terrible' to the question, how parents feel in the morning, provided parents in Turkey (30%). Other countries feel great and good, parents feel bad from 5% in Denmark to 20% in Portugal and Romania, in Lithuania 15% of parents do not feel good. Schoolchildren answers are divided proportionally to all possible answers given – great, good, average, bad and terrible. Another condition of well-being is sleeping during the nights.

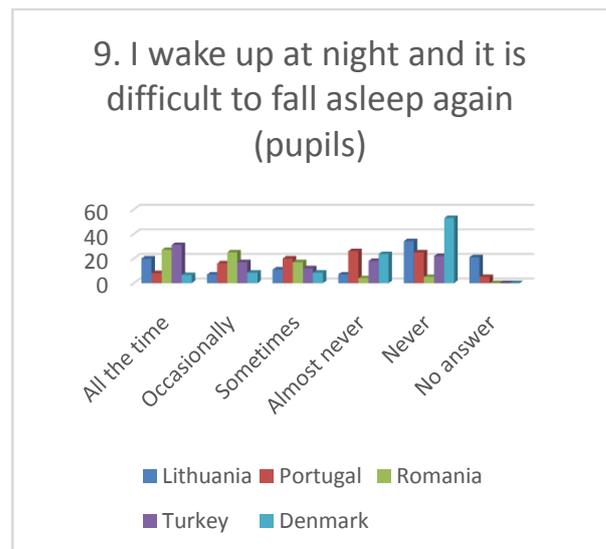
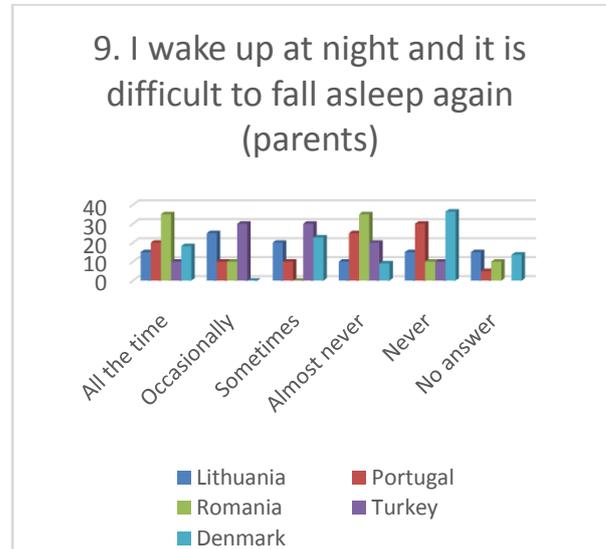


Chart 9. Parents and pupils' sleeping condition at night (%).

Parents tend to sleep worse than children but the difficulties in getting asleep face Romanian parents (35% of them wake up constantly), 20% of Portuguese parents have the same problems, 18% of Danish, 15% of Lithuanians, 10% of Turkish parents. More than 36% of Danish parents never have sleeping problems, the same with 30% of Portuguese, 15% of Lithuanians, and only 10% of Romanians. More than half of Danish children do not have sleeping problems, 34% of Lithuanian, 25% of Portuguese, 22% of Turkish and only 5% of Romanian children.

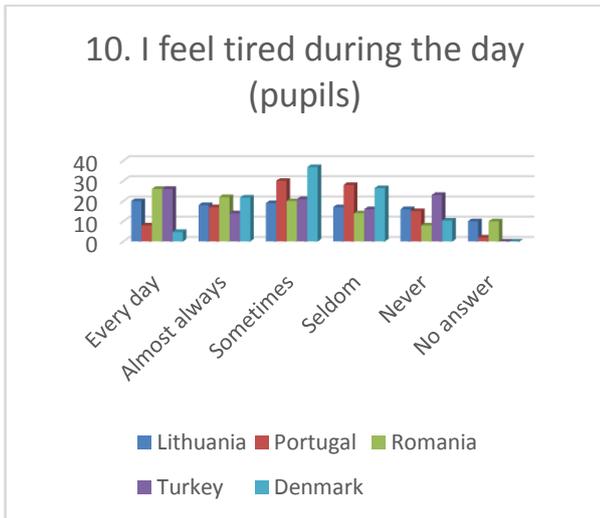
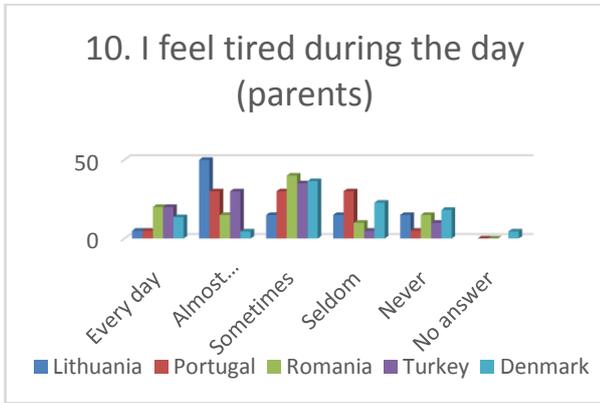


Chart 10. Parents and pupils' feeling tired during the day (%).

Most of the parents feel almost always tired and sometimes tired during the day, children's answers tend to distribute almost equally to 'almost always', 'sometimes', 'seldom', 'never. But 23% in Turkey, 16% in Lithuania, 15% in Portugal, 10% in Denmark and 8% and Romania never feel tired during the day.

Eating habits of the respondents is described in part 3 of the research.

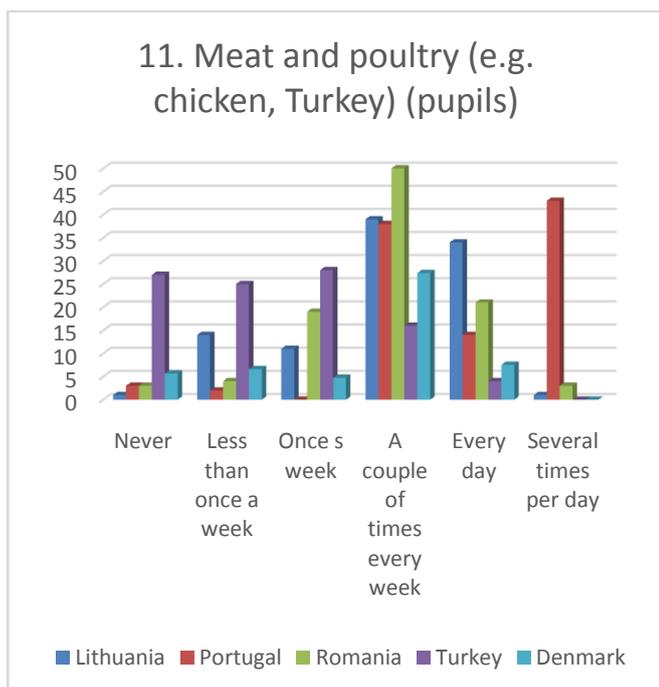


Chart 11. Parents and pupils' eating habits: eating meat (%).

Chart 11 shows, that meat and poultry is eaten mostly a couple of times every week and every day both by parents and children.

Also, a couple of times every week or every day they consume coarse fibre-rich bread, grit, paste, rice, buckwheat, potatoes, most of both parents and pupils eat fruit every day, also vegetables are eaten most often every day.

Chart 12 shows that most of the respondents eat fast food less than once a week, Danish, Portuguese, Lithuanian, Romanian eating less fast food than Turkish (27% every

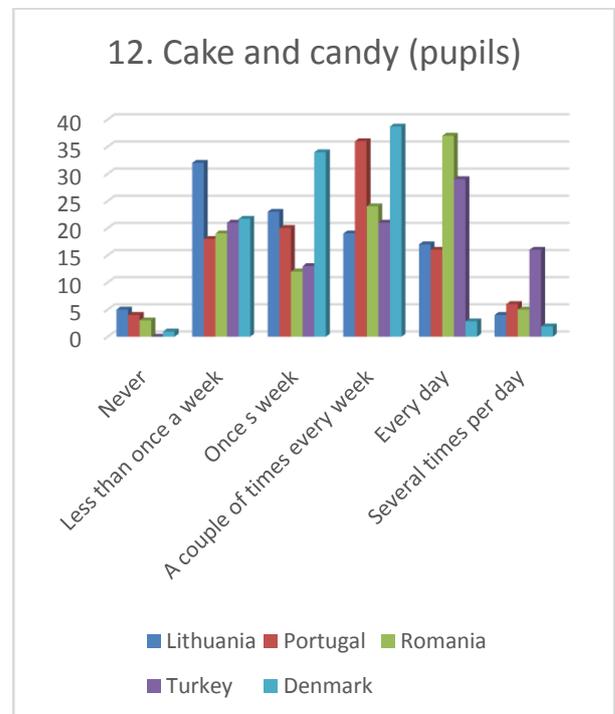
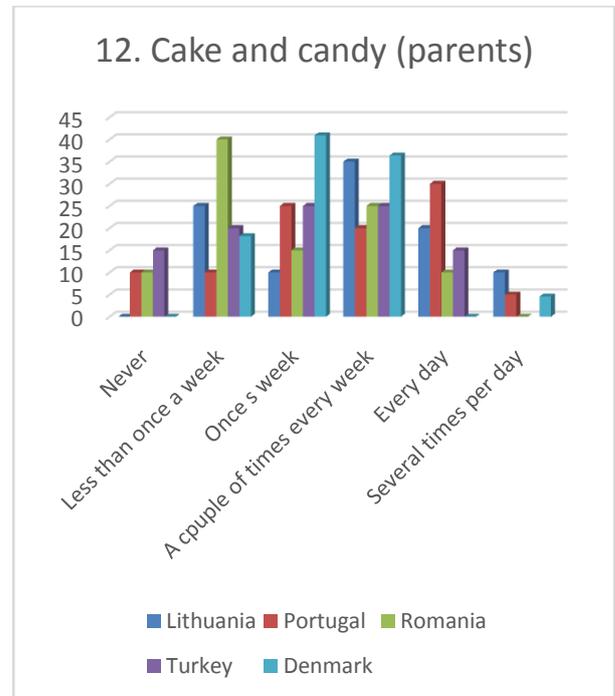


Chart 12. Parents and pupils' eating habits: eating cakes and candies (%).

day and 16% several times per day by pupils, 20% every day by parents in Turkey).

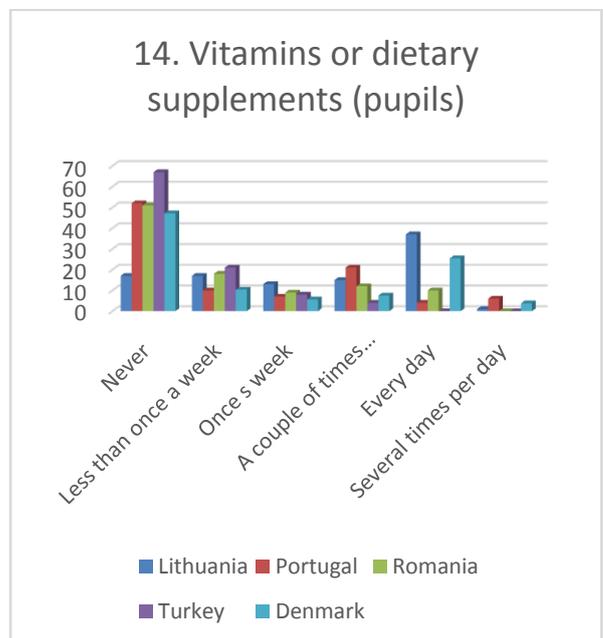
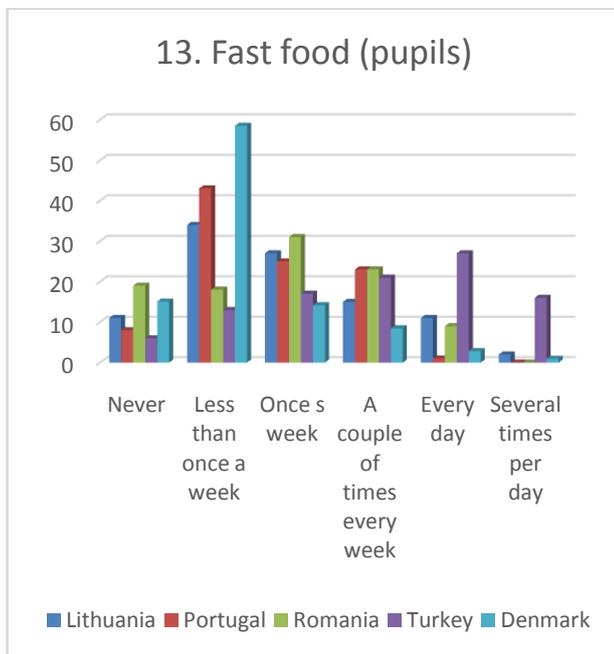
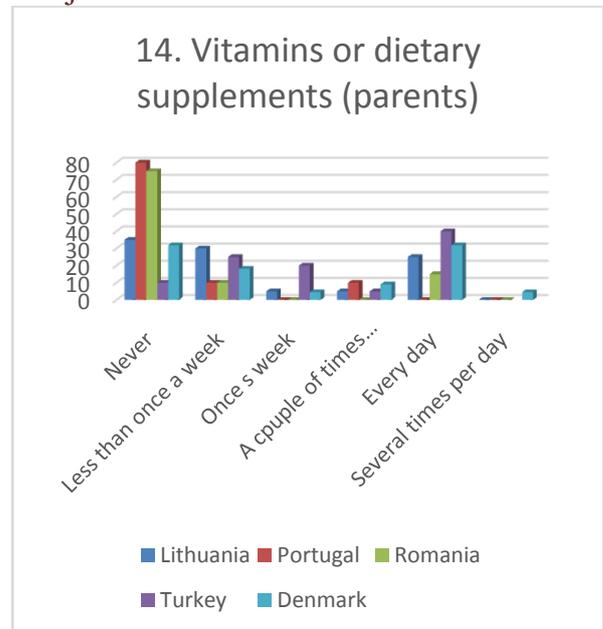
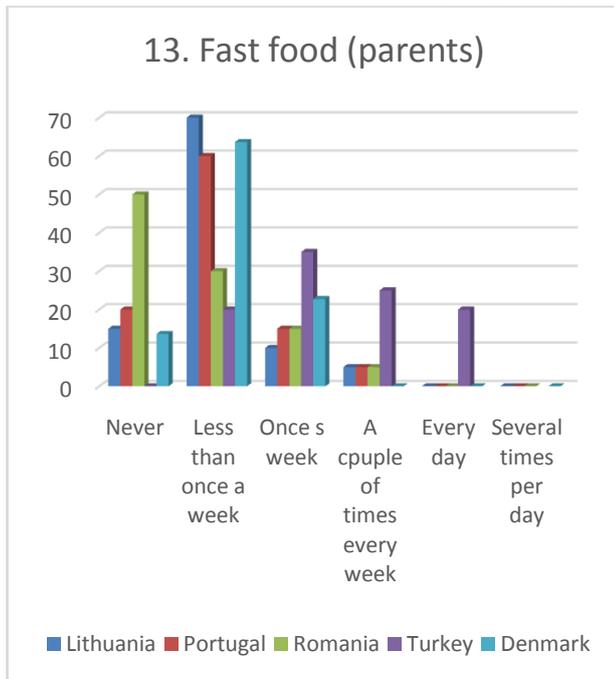


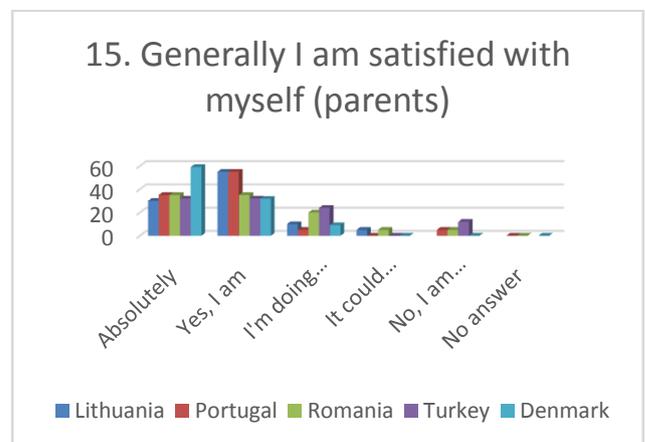
Chart 13. Parents and pupils' eating habits: eating fast food (%).

Dairy products are mostly preferred by Danish, consuming every day (68% by parents), pupils in all countries like dairy products. Fish is popular amongst Danish, Portuguese parents and Portuguese pupils.

Vitamins are not taken almost at all by Portuguese, Romanian parents; also pupils do not use vitamins or any other dietary supplements often, most of Turkish children (67%) never use those.

Chart 14. Parents and pupils' eating habits: taking vitamins (%).

The last part of the research was to analyse the satisfaction in life and general well-being.



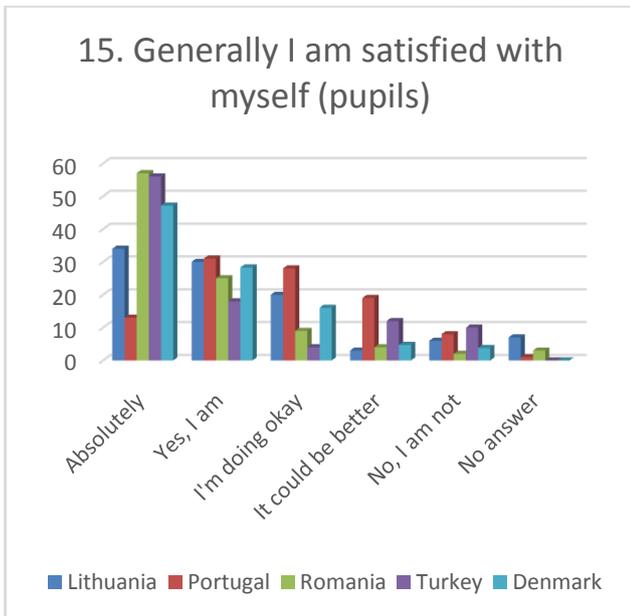


Chart 15. Parents and pupils' satisfaction with themselves (%).

Chart 15 shows, that generally, both parents and schoolchildren are absolutely happy with themselves and just 12% if Turkish parents are not, 5% of Portuguese and Romanian parents, meanwhile 10% of Turkish, 8 % Portuguese, 6 % Lithuanians, and 3.7% Danish pupils are not satisfied with themselves.

Stress factor is also discussed in the research, but answers distribute to all given factors, mostly parents in Turkey 45% feel stressed, 25% in Romania and mostly pupils in Portugal, Romania feel stress (Chart 16).

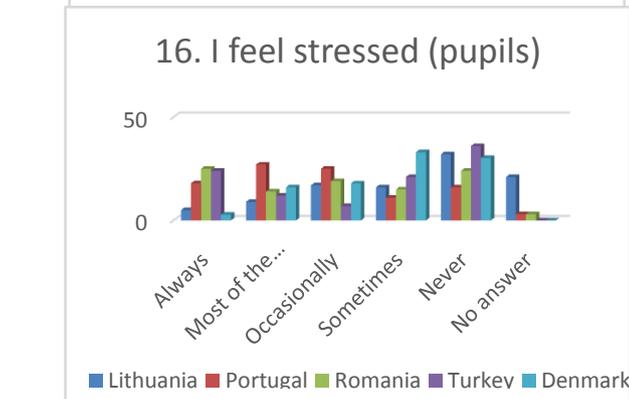
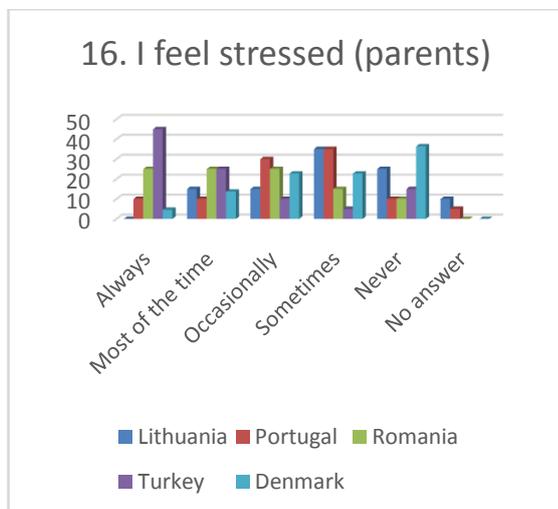


Chart 16. Parents and pupils' stressed life in percentage (%).

So, these were the main factors described to present the overall

situation of healthy life-style, emotional, social, psychological well-being of parents and schoolchildren in Europe.

An attempt has been made to bring some more qualitative approaches into the analysis of the results of the questionnaire to try to bring some deeper understanding of the survey into the answers.

The three charts that show the most significant differences in answers were chosen with the purpose to make the pupils and teachers comment on them with outset in personal, family and social environment approaches.

The four charts are the following:

Chart 3: What is health to you (parents and pupils)

Chart 10: I feel tired during the day (parents and pupils)

Chart 13: Fast food (parents and pupils)

It might be argued that other charts might have been selected too, but due to time available during the gathering of the group, we had to limit the number of charts considerably.

We also must state that this survey is on a low number of participants and that the pupils and teachers involved all to some extent tend to be interested in developing or having a healthier life style than average, so that the results might not be significant for all young or adult people in the participating countries or even schools.

We think, however, that the results are raising some questions, in which an outset can be taken to develop healthier life styles by confronting the issues mentioned.

### The three charts

Chart 3: What is health to you (parents and pupils)

It might seem as if people in Romania and in Lithuania focus more on different factors like mental health, physical health, social health etc., while The Danes – among others because of influence from media – tend to focus on physical health, fitness – e.g. work out and gym and on eating healthily: “If you want to show the world that you are a successful person – being physically fit is an important part of this”.

In Portugal there might seem to be a direct correlation between physical shape and wellbeing.

“Outdoor activities, sports and so on are the best way to get happiness and feel healthy”.

Chart 10: I feel tired during the day (parents and pupils)

Concerning the parents, it seems that tiredness during the day is very much connected to work – and too much work. As a pupil says: “My dad is tired after every day, because he works 12 hours a day and sometimes works at night. My mum works as a teacher, so she even needs to work after the working day”.

Also commuting is being mentioned as a problem causing tiredness.

These problems lead to less or little communication between parents and children during the day.

Turkey especially mentions the financial and political situation as a cause for more stress, and they work a lot to make ends meet.

Emigration seems to be a big problem in Romania and many people have to have two jobs and/or to commute to earn enough, so people are hard working. The same is the case in

Lithuania. On top of that the wages are very often very low.

In Denmark the problems are of another kind. A new school reform gives the children longer days at school, the families have stressful lives as normally both parents are working – and often long hours. Furthermore, the devices are a challenge, a stress provoking factor.

Many pupils are very tired because of too much homework and a busy schedule.

This was not possible to differentiate among the countries. It seemed the same everywhere.

#### Chart 13: Fast food (parents and pupils)

In general children eat a lot of fast food because it is tasty and because they do not worry about their health as much as adults do.

But still there might seem to be national differences in approaches to (fast) food.

In Lithuania new cafeterias open and people think more and more about healthy living

In Romania Parents seem to have more time to cook for the families/children – and it is also important that it is cheaper.

In Turkey it seems cheaper and easy to get and kebab is delicious.

In Denmark fast food is easy to get and easier for the parents, when they have the money. But at the same time pupils are in general very much aware of their own health.

In Portugal parents in general seem to be more traditional, and they do not find fast food fancy. However, “junk food” is attractive for the kids. Older people do not like to eat with their hands.

### CONCLUSIONS

This article has focussed on the approaches we are implementing into this project, as they first of all take the serious outset in the pupils and their wish to learn about themselves and their life style as well as how to keep it, or - if needed - to improve. This is at the same time the best way of learning with, outset in themselves, their way of learning by doing as well as developing action competence that are useful in so to say all spheres of life. To be able to take the outset in the pupils, it is also necessary to let them take advantage of their individual intelligences (we do not here use the term “learning styles”, as it is quite different approach from the topics learning/intelligences)

Not only direct health related subjects like sports and home economy are being taken into the work. Also, biology, maths, physics and civics – as well as e.g. English, which is needed for international communication - are being used as instruments for the approach in the project.

In the investigation have been used three approaches. One is the questionnaire, another one is individual small essays on important and problematic results of the questionnaires. The third one is cross cultural discussions of results that differ most in the survey.

On this survey we - taking the low number of questionnaires into consideration – we might – though somewhat hesitating trying a couple of conclusions:

It seems that many children – and for that sake also parents - are tired because of too little sleep at night. The reason might be too much work at work and at school.

Chart 12 shows a big consumption of cakes and candies: both parents and pupils eat many cakes and candies, pupils consuming more than parents.

Pupils are on the whole rather aware of their health, but they are still challenged by a “fast food” culture.

### Perspectives

The research is going to be repeated in a year’s time to take a look at, if educational factors – teaching and learning about the healthy life-style, emotional and social well-being, being physically and mentally active could influence permanent living habits into better ones. With the project we seek the pupils to understand and relate to the connection between development in society and influence on the social environment and learn how to cope with this situation as well as to help them learn how to develop action competences and improve.

### References

- <sup>i</sup>Adolescents: health risks and solutions, <http://www.who.int/en/news-room/fact-sheets/detail/adolescents-health-risks-and-solutions>
- <sup>ii</sup> Investing in the Health and Well-Being of Young Adults, <https://www.ncbi.nlm.nih.gov/books/NBK284782/>.
- <sup>iii</sup> ref.: Schools for health, education and development: a call for action. <https://academic.oup.com/heapro/article/24/1/68/676340>, 2008.
- <sup>iv</sup> <http://health.tki.org.nz/Key-collections/Curriculum-in-action/Making-Meaning/Teaching-and-learning-approaches/Action-competence-learning-process>.
- <sup>v</sup> from <http://eds.a.ebscohost.com.ezproxy.utas.edu.au/eds/command/detail?sid=b1ff0ec0-59e7-48e2-ac0c-8131f292fd9d%40sessionmgr4001&vid=3&hid=4208>.
- <sup>vi</sup>(ref.: e.g. <https://www.verywellmind.com/howard-gardner-biography-2795511>).
- <sup>vii</sup> Karin Wallin, Ingela Mæchel, Anna Barsotti: Et barn har hundrede sprog. Danish edition 1986, VUM/TVIBIS.
- <sup>viii</sup> Ibid
- <sup>ix</sup> Socialpædagogik for Praktikere, Munksgaard, 2003 2. Udg. 2005.
- <sup>x</sup> Ibid p. 34
- <sup>xi</sup> Ibid p. 35
- <sup>xii</sup> Ibid p. 36