Original Article

Development of the Parent-Focused Intervention to Improve Fruit and Vegetable Intake Among Elementary School Children in Myanmar

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Abstract

Background: Fruit and vegetable (FV) intake among children in Myanmar remain below the WHO-recommended 400 g/day, with national averages around 230 g/day and substantial regional variation. Early dietary behaviours are strongly shaped by parents and the home environment, yet there is a lack of culturally adapted, parent-focused interventions in Myanmar. The SWITCH (Supporting Wellness in Children Through Home-based Change) intervention was developed to address the gap using Social Cognitive Theory (SCT).

Methods: Intervention development followed the GUIDED framework to ensure transparent and systematic reporting. Evidence from the literature, national dietary reports, and baseline assessments in a Yangon school identified key determinants, including low FV knowledge, limited parental self-efficacy, reduced home availability of FV, and high sugary drink intake. These findings informed the design of an eight-week parent-focused program featuring weekly in-person sessions, home-based challenges, digital reinforcement through Viber and Facebook, and child engagement activities. Materials including recipe cards, cooking videos, FV shopping guides, and lunchbox templates were culturally adapted to the Myanmar context. Prototype materials were pre-tested with 10 parents using structured feedback questionnaires with Yes/No ratings and responses were summarized descriptively.

Results: The finalized intervention incorporated eight weeks addressing FV knowledge, healthy cooking, meal planning, label reading, home-environment improvements, and coping strategies. Pre-testing demonstrated high acceptability: 90% found materials easy to understand, 80% found them culturally relevant, 100% considered them useful, and 90% indicated willingness to follow strategies. Cultural adaptation and digital reinforcement enhanced feasibility for urban Myanmar families.

Conclusion: SWITCH is a culturally grounded, SCT-based intervention designed to improve FV intake among schoolchildren by empowering parents. Its systematic development ensures theoretical coherence, contextual relevance, and high feasibility, providing a strong foundation for evaluation in a forthcoming quasi-experimental trial.

Keywords: intervention, behaviour, fruit, vegetable

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Background

Adequate consumption of fruits and vegetables (FV) is fundamental to healthy child growth and prevention of non-communicable diseases (NCDs). The World Health Organization (WHO) recommends a minimum daily intake of 400 g which is also equivalent to five servings and this target is rarely achieved across Southeast Asia[1]. Insufficient FV intake has been linked to elevated risks of cardiovascular disease, gastrointestinal cancers, and premature mortality[2]. Globally, inadequate FV consumption is estimated to contribute to nearly 3.9 million deaths each year, underscoring the urgent need for interventions to promote healthier dietary patterns[3].

Dietary intake patterns and food preferences begin to form early in childhood and often persist into adolescence and adulthood, largely shaped by parental influences[4]. A substantial body of evidence emphasizes the critical role of the home environment in establishing children's eating behaviors, as it represents the primary setting where children first acquire dietary habits[5]. Children tend to adopt eating patterns similar to those of their parents, reflecting the powerful environmental and behavioural modeling that occurs within the household[6].Multiple factors have been associated with children's fruit and vegetable consumption, including demographic characteristics (such as age and sex), socioeconomic status, and parental education levels[7].

In 2021, global FV consumption reached only 34.4% and 62.7% of optimal intake levels, with an average intake of 121.8 g/day for fruit and 212.6 g/day for vegetables; intake was marginally higher among females than males[8]. A study on five Southeast Asian countries stated that 76.3% of children had inadequate FV consumption[9].The national average FV consumption was 230g/day in Myanmmar. Although WHO recommends a minimum of 400 g/day, the national average was falling well below the requirement. Tanintharyi region records the lowest intake at 150 g/adult equivalent/day, while Sagaingregion reaches 301 g/adult equivalent/day. These findings highlight both an overall national shortfall and substantial regional disparities in FV consumption[10]. In Myanmar, FV intake among school-aged children was notably low. National and regional dietary assessments report limited vegetable consumption alongside increasing intake of fried foods, sugary beverages, and other energy-dense snacks[11].Despite this, Myanmar has very few structured nutrition programs that focus specifically on parents or address these key determinants. Existing interventions are limited, and most have not been culturally adapted to Myanmar's food habits, affordability challenges, or local cooking practices.

Social Cognitive Theory (SCT)[12] offers a comprehensive framework for influencing dietary behaviors by addressing personal factors (e.g., knowledge, self-efficacy), behavioral patterns (e.g., meal planning, food choices), and environmental conditions (e.g., home availability of FV). SCT constructs such as behavioral capability, observational learning, reinforcement, and environmental restructuring are well suited to guide interventions aimed at improving children's diets[13]. While SCT-based nutrition programs[14, 15] have been widely applied in other countries, similar evidence-based intervention development efforts are largely absent in Myanmar.

Although Social Cognitive Theory–based, parent-focused nutrition interventions exist, SWITCH is novel in several key respects. It integrates structured in-person parent sessions with low-burden digital reinforcement via Viber and Facebook—widely used platforms in Myanmar—providing continuous support between sessions. The intervention was developed de novo through triangulation of international evidence, national dietary data, and local formative assessments, rather than adaptation of an existing program. SWITCH also emphasizes home-environment restructuring and parental modeling using culturally familiar, affordable foods and cooking practices, and incorporates child-engagement activities within a parent-focused design to strengthen reciprocal learning. Together, these features extend prior SCT-based interventions by combining theoretical rigor with contextually grounded delivery suited to urban low- and middle-income settings.

The SWITCH (Supporting Wellness in Children Through Home-based Change) intervention was therefore designed to address this gap. Developed as a culturally grounded, theory-driven program,

SWITCH aims to improve FV intake among elementary schoolchildren by enhancing parental knowledge, skills, confidence, and home food environments. This paper details the systematic development of SWITCH following the GUIDED (GUIDance for the rEporting of Intervention Development)[16] and applying Social Cognitive Theory as its guiding framework.This paper reported intervention development and pre-testing findings only; no effectiveness or behavioral outcome data are presented, as evaluation will be conducted in a forthcoming quasi-experimental study.

Methods

The intervention development and pre-testing were conducted using a convenience sample of parents from a single private elementary school in urban Yangon. This approach was selected to support iterative intervention development; however, it may introduce selection bias, as participating families may differ from those in public schools or other socioeconomic settings.

The development of the SWITCH intervention followed a systematic, theory-driven, and transparent process informed by both the Intervention Development Reporting Checklist (IDRC) and the GUIDED (GUIDance for the rEporting of Intervention DEvelopment) framework. Together, these methodological standards emphasize comprehensive documentation of the evidence base, theoretical rationale, stakeholder involvement, contextual considerations, design decisions, material development, and refinements made prior to evaluation.

Each stage of the intervention development process (Sections 1–6) was explicitly aligned with relevant items of the GUIDED framework to facilitate transparent reporting and methodological appraisal.

1. Evidence Review and Assessment

The primary aim of the development work was to design a culturally appropriate and feasible parent-focused intervention to improve fruit and vegetable (FV) intake among Grade 1–2 schoolchildren in Yangon, Myanmar. Intervention development was informed by a targeted, non-systematic literature review conducted between January and March 2023 using PubMed, Scopus, and Google Scholar. Studies published between 2005 and 2023 were identified using key terms related to FV intake, children, parents, home food environments, nutrition interventions, and Social Cognitive Theory. Additional evidence was drawn from Myanmar and regional nutrition reports and from reference screening of relevant reviews.

The review aimed to identify key behavioral determinants, effective intervention components, and theoretical applications rather than to synthesize effect sizes. Local epidemiological data indicated consistently low FV intake among children (110–230 g/day) alongside increasing consumption of sugary beverages[10].

The intervention was developed in collaboration with a private elementary school in urban Yangon. Participating parents were primarily from middle-income households with secondary or tertiary education, reflecting an urban socio-demographic profile. Baseline assessments[17]conducted in the school provided context-specific insights, revealing parental knowledge gaps, limited home availability of FV, frequent consumption of fried snacks and sweetened beverages among children, and inconsistent family mealtime routines. Stakeholder consultations with school directors, teachers, and parents further identified practical barriers, including time and cost constraints, children's picky eating, and limited ideas for preparing vegetables in appealing ways. A cultural dietary review ensured that intervention materials reflected commonly consumed Myanmar foods, such as roselle leaves, gourds, watercress, pumpkin, and papaya.

The target population comprised parents of Grade 1–2 children aged 5–6 years who were primary food preparers, used Facebook or Viber, and resided in urban Yangon. Socioeconomic context and local cooking practices were considered to ensure feasibility and relevance. Consistent with GUIDED principles, evidence from baseline data, stakeholder input, and dietary reviews highlighted key behavioral and environmental barriers, including limited knowledge of FV recommendations, low parental self-efficacy in vegetable preparation, constrained home availability, and habitual sugary-drink consumption.

2. Theoretical Foundation

Social Cognitive Theory (SCT) was selected as the guiding framework for SWITCH due to its emphasis on reciprocal interactions between personal, behavioral, and environmental determinants of health and its strong empirical support in dietary interventions. Eight SCT constructs—behavioral capability, self-efficacy, outcome expectations, self-regulation, environment, observational learning, reinforcement, and coping—were identified based on relevance and feasibility in the Myanmar context and were operationalized through a structured mapping table (Table 1) linking each construct to specific intervention components.

A simplified logic model illustrated pathways from identified behavioral and environmental determinants to SCT constructs, corresponding behavior change techniques and expected short- and intermediate-term outcomes. SCT constructs guided all intervention activities: cooking demonstrations and peer sharing supported observational learning and self-efficacy; home challenges and goal setting strengthened self-regulation; strategies to increase FV availability targeted environmental restructuring; and approaches to managing picky eating and time constraints addressed coping.

Consistent with GUIDED recommendations, explicit mapping of constructs to mechanisms and techniques ensured theoretical fidelity and transparency in the design of the SWITCH program.

Table 1. Mapping of SCT Constructs to SWITCH Intervention Components

SCT Construct	Definition	Corresponding SWITCH Component
Behavioral capability	Knowledge & skills needed to perform behavior	FV types, nutrients, cooking methods, meal planning
Self-efficacy	Confidence in performing behavior	Cooking demonstrations, simple recipes, peer-sharing
Environment	External factors influencing behavior	Home FV availability, family meals, lunchbox planning
Self-regulation	Goal-setting and monitoring	Weekly goal-setting sheets, home challenges
Observational learning	Learning through observation	Cooking videos, parent modeling during meals
Reinforcement	Rewards and encouragement	Stickers, certificates, praise
Coping	Strategies to manage barriers	Picky-eating strategies, time-saving tips, cost adaptations

3. Identification of Behavioral Determinants and Change Objectives

Behavioral determinants were identified through triangulation of evidence from literature, baseline assessments, and stakeholder input as shown in *Table 2*.Key determinants included limited knowledge of FV types, nutrients, and recommended intake; low parental confidence in preparing vegetables acceptable to children; environmental constraints such as low home availability and reliance on convenience foods; negative outcome expectations (e.g., perceptions of high cost or children's reluctance to eat vegetables); and unhealthy habits, including frequent sugary drink consumption and irregular family meals.

In response, the intervention aimed to modify both parental behaviors and the home food environment. Objectives included supporting parents to provide at least five daily FV servings, increase FV availability and visibility at home, and model FV consumption during meals. Additional goals were to reduce sugary drink and unhealthy snack intake, improve lunchbox quality and consistency, and strengthen parental self-efficacy in managing challenges such

as picky eating. All objectives were explicitly aligned with Social Cognitive Theory constructs to address both individual and environmental determinants of behavior.

Table 2. Behavioral Determinants and Corresponding Change Objectives

Behavioral Determinant	Change Objective
Limited FV knowledge	Parents understand FV types, benefits, and daily recommendations
Low self-efficacy	Parents gain confidence preparing FV-rich meals children will accept
Poor home environment	FV are purchased, stored visibly, and consistently available
High sugary drink intake	Sugary drinks reduced and replaced with water and FV options
Irregular meal routines	Family meals occur more frequently with parental modeling
Picky eating	Parents apply strategies to overcome refusal and promote tasting

4. Intervention Design

The SWITCH program was designed as an eight-week, parent-focused intervention delivered through weekly one-hour in-person group sessions, supported by home-based challenges, digital reinforcement via Viber and Facebook, and child engagement activities (e.g., tasting activities and sticker-based FV monitoring) in Table 3. A 16-week follow-up period was included to support maintenance of behavior change.

The intervention comprised eight thematic modules mapped to Social Cognitive Theory (SCT) constructs, covering FV types and health benefits, healthy cooking and demonstrations, meal planning and portion control aligned with the WHO 5-A-Day recommendation, creation of a supportive home food environment, smart food choices and label reading, coping with barriers (picky eating, cost, time), and review with goal-setting.

SCT-aligned behaviour change techniques, consistent with the Michie taxonomy, were embedded throughout, including information provision, demonstrations, graded challenges, self-monitoring, social support, home-environment restructuring, rewards, and problem-solving.

Intervention materials were iteratively developed and culturally adapted and included a parent handbook, slides, cooking videos, FV shopping guides, lunchbox templates, recipe cards, and child-friendly monitoring tools. Digital reinforcement consisted of two to three facilitator-led messages per week. Sessions were delivered to small parent groups (12–20 participants) by trained facilitators using standardized manuals to ensure fidelity.

Table 3. Structure of the 8-Week SWITCH Intervention

Week / Module	Content Focus	Materials Used
Week 1 – FV Types & Food Groups	Introduction to fruit and vegetable types; understanding food groups	Parent handbook pages; visual food-group charts; printed posters
Week 2 – Nutrients & Health Benefits	Importance of FV for growth, immunity, and health	Slide deck; fact sheets; simplified English/Burmese handouts
Week 3 – Healthy Cooking Methods	Stir-fry, soups, salads, child-friendly FV preparation	Live cooking demo; cooking demonstration videos; recipe cards
Week 4 – Meal Planning & 5-A-Day	Portion sizes; weekly meal planning; healthy lunchbox ideas	Meal-planning sheets; lunchbox templates; FV portion guide

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Week 5 – Healthy Home Environment	Increasing FV availability and accessibility	Affordable FV shopping guide; home-challenge task sheets
Week 6 – Smart Food Choices & Label Reading	Reading sugar labels; selecting affordable healthy foods	Label photos; decision-making handouts; comparison charts
Week 7 – Coping With Barriers	Managing picky eating, cost concerns, time constraints	Scenario cards; problem-solving worksheets; parent discussion guide
Week 8 – Review, Sharing & Goal Setting	Celebrating progress; long-term goal setting	Certificates; success-sharing sheets; long-term goal forms

5. Pre-Testing and Refinement

Prototype materials were pre-tested with a convenience sample of 10 parents representing the target population using think-aloud interviews and structured feedback forms to assess clarity, cultural relevance, usefulness, feasibility, and engagement. Feedback identified the need for simpler language, more culturally relevant food examples, shorter videos, and additional strategies for managing picky eating.

In line with GUIDED principles, materials were iteratively refined. Revisions included simplifying English terminology, adding images of commonly consumed Myanmar dishes, incorporating low-cost FV substitutions, shortening cooking videos for mobile accessibility, and expanding Burmese-language instructions.

Acceptability was assessed using brief yes/no questions, with percentages calculated as the proportion of parents responding positively. Given the small sample size and developmental purpose, qualitative feedback was analysed descriptively to inform refinement. These revisions were incorporated before finalising the SWITCH intervention.

6. Implementation Considerations

The intervention was designed for flexible and feasible implementation within typical Myanmar family schedules. Weekly sessions were intentionally kept short to accommodate busy parents and were scheduled on weekends based on parent preference. Recipes featured inexpensive and widely available ingredients, and cooking methods required minimal equipment to reflect typical household kitchens. Digital reinforcement was provided through Facebook and Viber, which are widely used among the target population. To monitor fidelity, the program employed a standardized facilitator manual, attendance checklists, weekly progress reporting for home challenges, and consistent messaging templates for digital reminders.

Ethical Consideration

The Research Ethics Review Committee for Research Involving Human Subjects at Chulalongkorn University granted ethical approval for the study (COA No. 119/67). Oral and written consents were obtained from all participants.

Results

The final SWITCH intervention consisted of an eight-week, parent-focused program integrating multiple components grounded in Social Cognitive Theory (SCT). Each component was mapped to relevant SCT constructs to target parental capability, motivation, and environmental supports. Nutrition knowledge sessions addressed behavioral capability by improving parents' understanding of FV types, recommended intake, and health benefits. Cooking demonstrations and recipe activities enhanced observational learning and self-efficacy, providing parents with practical skills to prepare FV-rich meals acceptable to children.

Weekly goal-setting sheets and home-based challenges strengthened self-regulation by encouraging parents to plan meals, track FV servings, and practice new behaviors at home. Reinforcement strategies—such as praise, stickers, and weekly achievements—were incorporated to sustain engagement. Home-environment restructuring, including guidance on purchasing, storing, and visibly displaying FV, targeted environmental determinants shown to influence children's dietary

intake[18]. Parent modeling of FV consumption was included to strengthen social learning pathways, given consistent evidence that children imitate parental food choices[19].

Cultural adaptations were central to the intervention's feasibility. All recipes and recommendations included widely available and affordable Myanmar foods—such as roselle leaves, gourds, beans, banana, papaya, and pumpkin—and relied on simple cooking methods familiar to Myanmar households. Digital reinforcement through Viber and Facebook provided timely cues to action, peer encouragement, and reminders, aligning with Myanmar's high mobile phone and social media usage.

Pre-testing results demonstrated strong acceptability. Among the ten parents who reviewed the intervention materials, 90% rated the content as easy to understand, 80% found it culturally appropriate and relevant to daily routines, 100% considered it useful for improving their child's diet, and 90% indicated they were likely to apply the strategies. Feedback led to refinements such as simplifying language, including more images of Myanmar dishes, offering low-cost substitutions, and expanding strategies for picky eating and time-saving.

The finalized intervention was therefore considered feasible, culturally appropriate, and well-aligned with known determinants of children's FV intake, forming a robust foundation for future evaluation in the quasi-experimental trial.

Discussion

This intervention development study produced a culturally tailored, SCT-based parent-focused program designed to improve FV intake among elementary schoolchildren in Myanmar. By integrating evidence from literature, local assessments, and stakeholder inputs, SWITCH addresses multiple behavioral and environmental determinants known to shape children's dietary habits. The high acceptability of SWITCH during pre-testing underscores the value of grounding interventions in local cultural practices and parental experiences.

The emphasis on parental modeling, capability-building, and environmental restructuring reflects well-established evidence that parents serve as powerful influencers of children's dietary behavior[19]. Research across diverse settings indicates that improving parental self-efficacy, knowledge, and home FV availability is strongly associated with higher FV intake among children[18, 20]. SWITCH directly targets these determinants through cooking demonstrations, meal-planning tools, FV visibility strategies, and reinforcement-based home challenges.

SCT provided an effective framework for designing the intervention. Constructs such as self-efficacy, observational learning, and reinforcement have been consistently linked to successful dietary behavior change in young populations[21]. The explicit mapping of SCT constructs to intervention activities strengthens the theoretical fidelity of SWITCH, an important requirement for intervention development and for understanding mechanisms of change[22].

Cultural adaptation was central to SWITCH's design. Intervention materials incorporated locally familiar, low-cost foods and simple cooking methods commonly used in Myanmar households. High acceptability during pre-testing indicated strong alignment with parents' needs and everyday constraints, while iterative refinements—such as simplifying language, using familiar dishes, and addressing cost, picky eating, and time barriers—enhanced cultural relevance and feasibility.

This study has limitations. Pre-testing involved a small convenience sample from one urban private school, which may limit generalizability across Myanmar's diverse socioeconomic contexts. Although the development process was rigorous, intervention effectiveness will be assessed in a planned quasi-experimental study.

Scalability may be constrained by reliance on digital platforms and facilitator-led cooking demonstrations, particularly in lower-resource or rural settings. However, core SCT-based elements—behavior change objectives, parental modeling, and home-environment restructuring—should be retained, while delivery modes can be adapted without compromising theoretical fidelity. Overall, SWITCH program adds to the limited evidence on culturally adapted, theory-driven nutrition interventions in Southeast Asia and provides a transparent foundation for future scale-up.

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Competing interest statement

The authors declare that they have no competing interests.

Conclusion

The SWITCH intervention was developed through a systematic, theory-driven, and culturally informed process aimed at improving children's fruit and vegetable intake in Myanmar by empowering parents as agents of change. Grounding the intervention in Social Cognitive Theory enabled the integration of personal, behavioral, and environmental determinants into practical, contextually relevant strategies. Pre-testing results demonstrated excellent acceptability, reinforcing the intervention's feasibility. SWITCH offers a promising approach for addressing poor dietary patterns in early childhood and provides a replicable model for designing parent-focused nutrition interventions in similar low-resource settings. The next step is to evaluate its effectiveness through a quasi-experimental study.

References

1. World Health Organization. Healthy diet 2020 [Available from: https://www.who.int/news-room/fact-sheets/detail/healthy-diet.
2. Aune D, Giovannucci E, Boffetta P, Fadnes LT, Keum N, Norat T, et al. Fruit and vegetable intake and the risk of cardiovascular disease, total cancer and all-cause mortality—a systematic review and dose-response meta-analysis of prospective studies. International Journal of Epidemiology. 2017;46(3):1029-56.
3. Afshin A, Sur PJ, Fay KA, Cornaby L, Ferrara G, Salama JS, et al. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet. 2019;393(10184):1958-72.
4. Hodder RK, O'Brien KM, Wyse RJ, Tzelepis F, Yoong S, Stacey FG, Wolfenden L. Interventions for increasing fruit and vegetable consumption in children aged five years and under. Cochrane Database Syst Rev. 2024;9(9):Cd008552.
5. Golan M, Kaufman V, Shahar DR. Childhood obesity treatment: targeting parents exclusively v. parents and children. Br J Nutr. 2006;95(5):1008-15.
6. Brug J, van Lenthe FJ, Kremers SP. Revisiting Kurt Lewin: how to gain insight into environmental correlates of obesogenic behaviors. Am J Prev Med. 2006;31(6):525-9.
7. Wolnicka K, Taraszewska AM, Jaczewska-Schuetz J, Jarosz M. Factors within the family environment such as parents' dietary habits and fruit and vegetable availability have the greatest influence on fruit and vegetable consumption by Polish children. Public Health Nutr. 2015;18(15):2705-11.
8. Xu X, Yan P, Chen W, Wei W, Thomson B, Ruan S, et al. The global burden of disease attributable to suboptimal fruit and vegetable intake, 1990-2021: a systematic analysis of the global burden of disease study. BMC Med. 2025;23(1):456.
9. Peltzer K, Pengpid S. Fruits and vegetables consumption and associated factors among in-school adolescents in five Southeast Asian countries. Int J Environ Res Public Health. 2012;9(10):3575-87.
10. Scott JM, Mahrt K, Thilsted SH. Consumption patterns and diet gaps across regional Myanmar 2021 [Available from: https://digitalarchive.worldfishcenter.org/server/api/core/bitstreams/ ab2d930c-7dc9-40ea-a45f-1348e2d56ad8/content.
11. Food and Agriculture Organization of the United Nations (FAO). Food and Nutrition Security Country Profiles: Myanmar 2014 [Available from: https://www.fao.org/family-farming/detail/en/c/284915/.
12. Tadayon Nabavi R, Bijandi M. Bandura's Social Learning Theory & Social Cognitive Learning Theory. 2012.
13. Saksvig BI, Gittelsohn J, Harris SB, Hanley AJ, Valente TW, Zinman B. A pilot school-based healthy eating and physical activity intervention improves diet, food knowledge, and self-efficacy for native Canadian children. The Journal of nutrition. 2005;135(10):2392-8.
14. Hall E, Chai W, Koszewski W, Albrecht J. Development and validation of a social cognitive theory-based survey for elementary nutrition education program. International Journal of Behavioral Nutrition and Physical Activity. 2015;12(1):47.
15. Suriyawong W, Pipatpiboon N. Social cognitive theory-based interventions on healthy lifestyles for hypertensive patients: a systematic review. CMU J Nat Sci. 2022;21(3):e2022040.

16. Duncan E, O'Cathain A, Rousseau N, Croot L, Sworn K, Turner KM, et al. Guidance for reporting intervention development studies in health research (GUIDED): an evidence-based consensus study. BMJ Open. 2020;10(4):e033516.

17. Aung HM, Viwattanakulvanid P. Factors Influencing the Body Mass Index (BMI) of Elementary School Children in Yangon, Myanmar: A Cross-Sectional Study. International Journal of Nursing Education. 2025;17(3):26-33.

18. Pearson N, Biddle SJ, Gorely T. Family correlates of breakfast consumption among children and adolescents. A systematic review. Appetite. 2009;52(1):1-7.

19. Ventura A, Birch L. Ventura A, Birch L. Does parenting affect children's eating and weight status? The international journal of behavioral nutrition and physical activity. 2008;5:15.

20. Mahmood L, Flores-Barrantes P, Moreno LA, Manios Y, Gonzalez-Gil EM. The influence of parental dietary behaviors and practices on children's eating habits. Nutrients. 2021;13(4):1138.

21. Mirzaei A, Ghofranipour F, Ghazanfari Z. The Effectiveness of Social Cognitive Theory-based Educational Intervention on School Children's Breakfast Consumption. Journal of Advances in Medicine and Medical Research. 2019:1-11.

22. Abraham C. Mapping Change Mechanisms onto Behaviour Change Techniques: A Systematic Approach to Promoting Behaviour Change through Text. Writing Health Communication: An Evidence-Based Guide. 2012:99-116.