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SELF-PERCEPTION OF THE IMPACT PRODUCED BY HEALTH CARE PROGRAMS AND QUALITY OF LIFE IN STUDENTS FROM 7TH GRADE OF PRIMARY EDUCATION TO 4TH GRADE OF SECONDARY EDUCATION AT LICEO ABATE MOLINA IN TALCA, CHILE

AUTOPERCEPÇÃO DO IMPACTO PRODUZIDO POR PROGRAMAS DE CUIDADOS DE SAÚDE E QUALIDADE DE VIDA EM ESTUDANTES DO 7º ANO DO ENSINO FUNDAMENTAL AO 4º ANO DO ENSINO MÉDIO DO LICEU ABATE MOLINA DE TALCA, CHILE

AUTOPERCEPCIÓN DEL IMPACTO PRODUCIDO POR PROGRAMAS DE CUIDADOS DE SALUD Y CALIDAD DE VIDA EN ESTUDIANTES DE 7° AÑO DE LA ENSEÑANZA BÁSICA A 4° AÑO DE LA ENSEÑA MEDIA DEL LICEO ABATE MOLINA DE TALCA, CHILE

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ABSTRACT

The study analyzes the perception of students at Liceo Abate Molina (LAM) in Talca, Chile, regarding the impacts that food care programs and Health and Quality of Life programs have on their daily decisions. A qualitative and descriptive methodology was used, with a cross-sectional experimental design. Descriptive frequency statistics were applied to analyze the data. The sample consisted of 833 students who responded to a survey administered in the 36 secondary education classes at the school. The analysis confirms that students recognize how adequate nutrition and physical condition influence their health and quality of life, fulfilling the objective of the study. The results show that health and quality-of-life programs generate significant impacts on self-care habits. Health education, supported by recent studies, is key to promoting healthy and sustainable lifestyles among adolescents. The biopsychosocial experience and Physical Education reinforce these habits in educational contexts. It is recommended to strengthen and expand these programs to improve student well-being and combat issues such as obesity and sedentary behavior.

Keywords: Self-perception. Programs. Health Care. Adolescents.

RESUMO

O estudo analisa a percepção dos estudantes do Liceo Abate Molina (LAM) de Talca, Chile, sobre os impactos que os programas de cuidados alimentares e de Saúde e Qualidade de Vida têm em suas decisões diárias. Utilizou-se uma metodologia qualitativa e descritiva, com um desenho experimental de corte transversal. Para analisar os dados, foram empregadas estatísticas descritivas de frequência. A amostra foi composta por 833 estudantes que

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responderam a uma pesquisa aplicada nas 36 turmas do Ensino Médio do liceu. A análise confirma que os estudantes reconhecem como uma alimentação adequada e a condição física influenciam sua saúde e qualidade de vida, cumprindo o objetivo do estudo. Os resultados evidenciam que os programas de saúde e qualidade de vida geram impactos significativos nos hábitos de autocuidado. A educação para a saúde, apoiada por estudos recentes, é fundamental para promover estilos de vida saudáveis e sustentáveis entre adolescentes. A experiência biopsicossocial e a Educação Física reforçam esses hábitos nos contextos educacionais. Recomenda-se fortalecer e ampliar esses programas para melhorar o bem-estar dos estudantes e combater problemas como obesidade e sedentarismo.

Palavras-chave: Autopercepção. Programas. Cuidados com a Saúde. Adolescentes.

RESUMEN
El estudio analiza la percepción de los estudiantes del Liceo Abate Molina (LAM) de Talca, Chile, respecto a los impactos que los programas de cuidados alimenticios y de Salud y Calidad de Vida tienen en sus decisiones diarias. Se empleó una metodología cualitativa y descriptiva, con un diseño experimental de corte transversal. Para analizar los datos se utilizó estadística descriptiva de frecuencia. La muestra estuvo compuesta por 833 estudiantes que respondieron una encuesta aplicada en los 36 cursos de Enseñanza Media del liceo. El análisis confirma que los estudiantes reconocen cómo una alimentación adecuada y la condición física influyen en su salud y calidad de vida, cumpliendo el objetivo del estudio. Los resultados evidencian que los programas de salud y calidad de vida generan impactos significativos en los hábitos de autocuidado. La educación para la salud, apoyada por estudios recientes, es clave para promover estilos de vida saludables y sostenibles en adolescentes. La experiencia biopsicosocial y la Educación Física refuerzan estos hábitos en contextos educativos. Se recomienda fortalecer y ampliar estos programas para mejorar el bienestar de los estudiantes y combatir problemas como la obesidad y sedentarismo.

Palabras clave: Autopercepción. Programas. Cuidados Hacia la Salud. Adolescentes.

1 INTRODUCTION

Historically, health care in Chile has undergone changes in its planning, implementation and application, in relation to policies for the promotion, protection and recovery of health. There is a great effort in the construction of health care models, which prioritize the improvement of the quality of life of individuals and the community (Wolff, 2022; Gutiérrez Espinoza 2021).

Chile has presented important and rapid changes in the epidemiological and nutritional profile of the population. It has gone from a situation in which there was a predominance of infectious diseases and malnutrition in the 60s to a reality with a predominance of chronic-degenerative diseases (Vio del Río, 2023; Salinas, 2006).

Chile is an urbanized country, with a situation of significant improvement in access to drinking water, sewage, education and health services. Contrary to this reality, there are currently data on deterioration of quality of life, mainly in relation to inadequate diet, sedentary lifestyle, the consumption of licit and illicit drugs, lack of space for recreation in large cities, and other social problems (Orellana, et al., 2017).

To respond to this problem, there are public policies with health promotion strategies: actions by the State, individuals, the health system and educational institutions. Traditionally, this has been done by emphasizing individuals and communities as the sole responsible parties for the various changes that need to be made in the health care process (Pérez-Wilson, et al., 2022).

Chronic non-communicable diseases symbolize the most important health expenditure for Chile. These diseases are associated with habits that usually develop prematurely in childhood or adolescence. The high rates of smoking, obesity, sedentary lifestyle, high blood pressure, diabetes, depression, suicide, traffic accidents resulting in death or disability, pathological alcohol consumption, promote a reality that these young people and children tend to be adults victimized by these habits and trends (García-Mongollón & Malagón-Sáenz, 2021).

Health education must provide subjects with the knowledge, skills and attitudes necessary for the promotion and protection of health. It also allows individuals to be trained to actively participate in defining their needs and developing proposals to achieve certain health goals. Considering the risks for the young and adolescent population, the main intervention scenarios are educational establishments (Campos Valenzuela, et al., 2023).

Taking into account these arguments, the Abate Molina High School, in the city of Talca, Chile, establishes in its Institutional Educational Project, objectives related to health education programs. Among some proposed objectives can be found the following: To permanently stimulate the student to elaborate his own life project, based on knowledge of himself and of social reality. Promote the comprehensive education of the student, which includes their spiritual, social, cognitive, artistic, technical, and physical development (Liceo Abate Molina, 2025).

It is part of the Educational Project, a whole work of educational training in systematic practice of physical activity, healthy eating, health care. Classes, studies, tests, measurements and workshops are carried out seeking to positively impact students, so that they assume the personal role of health care. One of the specific objectives, which is mentioned in the Institutional Educational Project, reads: To enable the student to participate in a physical education that is gradually appropriate to his or her level of growth, through extracurricular gymnastic activities. And in the profiles established for students, you can read: Take care of your physical and mental health (Liceo Abate Molina, 2025).

This educational process must have measurement and evaluation instruments that can verify the scope of these achievements.

At present, it has been verified that in order to achieve changes with health promotion programs, attention cannot be focused only on the exercise of community will and/or freedom. On the contrary, the way in which subjects and collectivities choose certain life options as desirable, organize their choices and create new possibilities to satisfy their needs, desires and interests, which belong to the collective order, once their construction process takes place in the context of life itself (Brazil, 2010).

It is expected, then, that health education programs establish proposals that consider actions of service, which lead the subject to have conditions to choose, to adopt healthy attitudes where they live, work or study (Brazil, 2010).

The need for information on the effectiveness of health promotion interventions is recognized and necessary. Demands for informed decisions are growing every day as a result of studies of the effectiveness, relevance and usefulness of health education programs, when institutions or companies have to establish social and educational proposals or policies (Salazar & Vélez, 2004).

Health promotion programs, like other educational strategies implemented in educational establishments, aimed at improving health, must prove the effectiveness of their

interventions, otherwise it is a proposal that loses relevance. Many of the proposals evaluate the programs based on the results of tests and physical tests, which yield results related to the physical aspects, but do not consider the conceptual and attitudinal aspects.

By determining health promotion as a formative process, of building capacity to protect and maintain a healthy life, it can be understood that the evaluation should not only focus on physical development, but also on the integral evolution of this process in its effects on the health, well-being and behavior of the subject with his or her care. in positive changes generated from having participated in this training process (Salazar & Vélez, 2004).

Therefore, the collection of concrete data and evidence to assess the outcome of these health promotion programs remains a challenging task. Behavioral changes are complex phenomena and must be evaluated in various aspects.

2 OBJECTIVE

To analyze the perception of the students of the Abate Molina High School (LAM), Talca, Chile, in relation to the impacts produced in their daily decisions by food care programs and Health and Quality of Life.

3 METHODOLOGY

Qualitative, Descriptive study, cross-sectional experimental design and used descriptive statistics of frequency to present the results. The universe consists of 2,367 students from the Abate Molina High School in the commune of Talca, Maule Region, The population is mainly centered on 1,620 students from 1st to 4th years of Secondary Education, with a corresponding sample of 833 students who responded to the survey applied in the 36 courses of Secondary Education of this educational unit.

The inclusion criteria are: to be a student regularly enrolled in the Abate Molina High School; answer the survey on Self-Perception of Impacts produced by Health Care and Quality of Life programs; be present at the Lyceum, on the day and time of the application of the survey for their course; having participated in the training programs towards health care, developed in the Pedagogical Model of the Abate Molina High School; be able to answer the survey; answer the survey as requested in the instrument.

According to the ethical terms of the study, the following points were defined:

1. Informed consent to Head of the Technical-Pedagogical Unit and Director of the Department of Physical Education of the Abate Molina High School, Talca.

2. Application of a Self-Perception Survey of Impacts produced by Health Care and Quality of Life programs.
3. Participation is voluntary and each subject has the right to refrain from answering the survey when they deem appropriate.
4. All information on the application of the survey and the development of the study will be available to the Educational Establishment.
5. All work carried out, as well as the results obtained, may be used in scientific articles, presentations at congresses and in meetings or reports, both national and international.
6. The research proposal may be used as pedagogical material in the career of pedagogy in physical education and related areas of the Autonomous University and other Universities
7. The research will be documented with a written record, a copy of which will be kept in the Educational Establishment in which it was carried out.
8. The participants of the research will remain anonymous.

The data collection instrument went through a validation process by experts (Hernándes Sampieri, et al., 2014). It was decided to name it as "Survey of Self-Perception of Impacts produced by Health Care and Quality of Life programs", which consists of 12 closed questions, with answers on a Likert-type scale, for which the subjects must mark the alternative that corresponds to their perception, and whose basic purpose is to verify what impacts are caused by education programs in relation to health care and quality of life. produce in the students of the Lyceum.

Instrument:

Survey of Self-Perception of Impacts Produced by Health Care and Quality of Life Programs

Based on the health and quality of life programs in which you as a student have participated (nutritional surveys, physical tests or anthropometric measurements).

It is of utmost importance that you answer each question with complete honesty.

Name: _____ Age:_____

Course: _____ Gender: M ( ) F ( )

( ) I agree to participate in the study by providing information regarding my health and quality of life. Signature: _____

Table 1

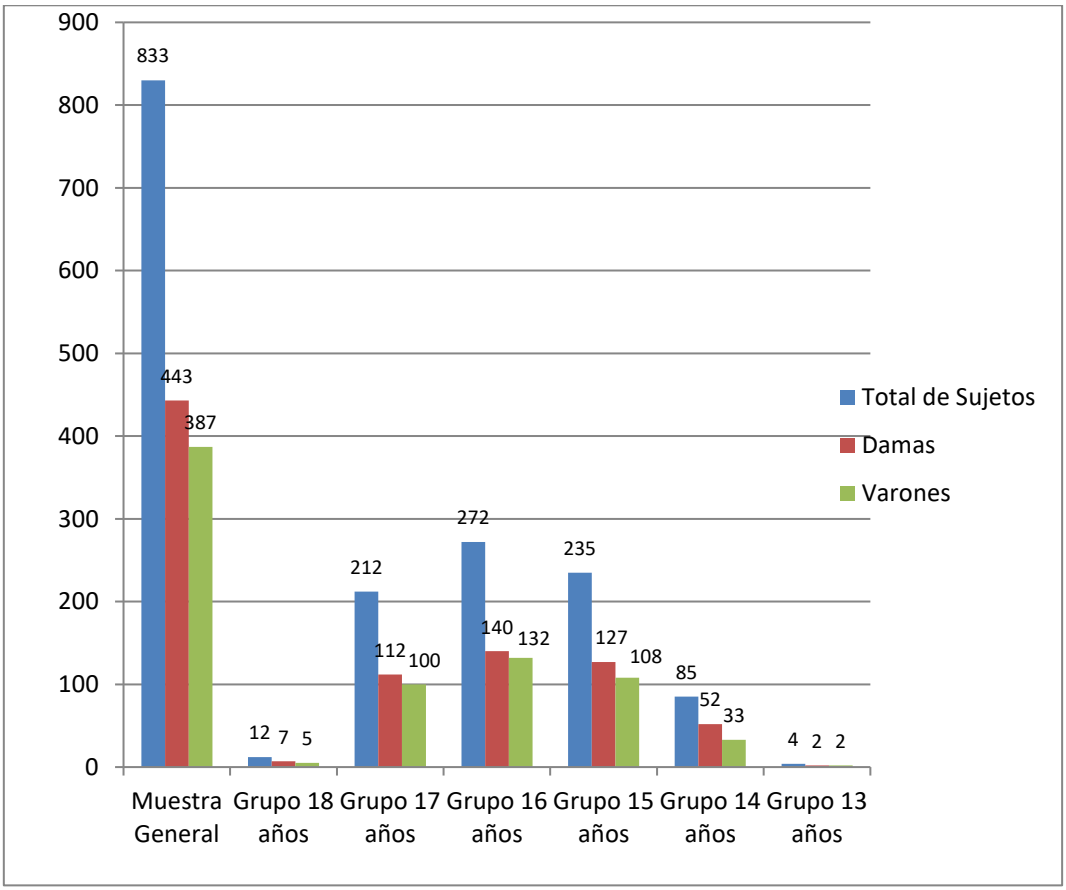
Check the alternative that corresponds to your perception, from the moment you are aware of how your health indicators are.	Strongly	Disagree	Und	I	Stro	Tota
1. Knowing that my eating behavior is appropriate (eating) motivates me to take care of my health and maintain my quality of life.	1	2				
2. Knowing that my eating behavior (eating) is not adequate for maintaining my health made me decide to make changes to improve my quality of life.	1	2				
3. Knowing that the consumption of foods rich in fat in my eating behavior (eating) is within the appropriate patterns, motivates me to take care of my health and maintain my quality of life.	1	2				
4. Knowing that the consumption of foods rich in fat in my eating behavior (eating) is a risk to my health, made me decide to make changes to improve my quality of life.	1	2				
5. Knowing that the consumption of foods rich in fiber in my eating behavior (eating) is within the appropriate patterns, motivates me to take care of my health and maintain my quality of life.	1	2				
6. Knowing that the consumption of foods rich in fiber in my eating behavior (eating) is a risk to my health, made me decide to make changes to improve my quality of life.	1	2				
7. Knowing that my physical condition is within the right patterns motivates me to take care of my health and maintain my quality of life.	1	2				
8. Knowing that my physical condition is a risk to my health, made me decide to make changes to improve my quality of life.	1	2				
9. Knowing that my time of physical activity is within the right patterns, motivates me to take care of my health and maintain my quality of life.	1	2				
10. Knowing that my time of physical activity is a risk to my health, made me decide to make changes to improve my quality of life.	1	2				
11. Knowing that the health indicators – diet, physical condition, time of physical activity – are within the appropriate patterns, motivates me to take care of my health and maintain my quality of life.	1	2				
12. Knowing that the health indicators – diet, physical condition, time of physical activity – made me decide to make changes to improve my quality of life.	1	2				
	Total Score					

4 RESULTS

The data obtained in the study were expressed through bar graphs, in which it was possible to interpret the information collected; According to the evaluation instrument chosen, the variables of age, sex and impact were analyzed.

Figure 1

Total, of the sample surveyed by age group



In this graph you can see the total sample of 833 subjects, 443 Ladies and 387 Men equivalent to 53.3% and 46.7% respectively of the total, in turn the age by category and the number of individuals according to their sex are evidenced.

The total of 13-year-old subjects is 4 members, 2 Girls and 2 Men which is equivalent to 0.5% of the total sample, the 14-year-old subjects 85 members, 52 women and 33 men which is equivalent to 10.2% in total of the sample, The 15-year-old category is 235 members, 127 women and 108 men, which is equivalent to 28.3% of the total sample. The 16-year-old subjects are 272, 140 females and 132 males which is equivalent to 32.7% of the total sample, the 17-year-old subjects the subject number is 212 members, 112 females and 100

males which is equivalent to 25.5% of the total sample and the 18-year-old subjects are 12 members. 7 women and 5 men, which is equivalent to 1.4% of the total sample.

Figure 2

General Impact Sample according to the age group of the respondents

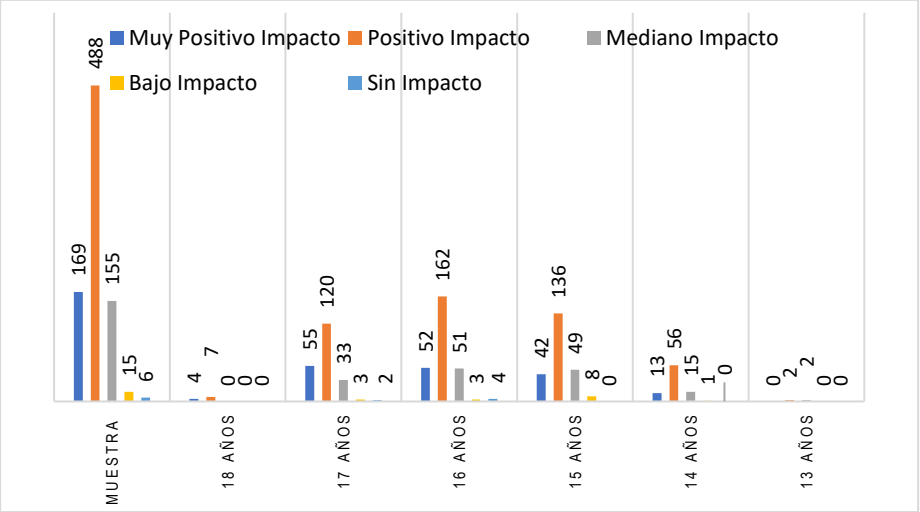


Figure 2 shows that the general sample, 169 subjects, 20.3% of the total has a Very Positive Impact, 488 subjects, 58.7% of the total has a Positive Impact, 155 subjects, 18.6% of the total has a Medium Impact, 15 subjects, 1.8% of the total, have Low Impact and 6 subjects have No Impact, which is equivalent to 0.7% of the total sample.

According to the interpretation in this graph, it can be observed that the 13-year-old subjects, no subject presented Very Positive Impact, 2 subjects manifested Positive Impact, 2 subjects presented Medium Impact and there was no subject who exposed Low Impact and No Impact, The 14-year-old group, 13 subjects presented Very Positive Impact, 56 subjects presented Positive Impact, 15 subjects obtained Medium Impact, 1 subject discloses Low Impact and there was no subject No Impact, The 15-year-old subjects, 42 subjects presented a very positive impact, 136 subjects manifested Positive Impact, 49 subjects expressed Medium Impact, 8 subjects presented Low Impact and there was no No Impact subject. The 52 16-year-old subjects presented Very Positive Impact, 162 subjects obtained Positive Impact, 51 subjects manifested Medium Impact, 3 subjects presented Low Impact and 4 subjects presented No Impact, In the 17-year-old group, 55 subjects exhibited Very Positive Impact, 120 subjects presented Positive Impact, 33 subjects OBTAINED Medium Impact, 3 subjects presented Low Impact and 2 subjects presented No Impact, The 18-year-old group,

4 subjects manifested Very Positive Impact, 7 subjects presented Positive Impact, there was no subject in the sample with Medium Impact, Low Impact and No Impact.

Table 2

Impact produced on the total sample of men, women and general according to age range

Group	Very positive impact	Positive Impact	Medium Impact	Low Impact	No Impact
13 Year Old Ladies	0,00%	50,00%	50,00%	0,00%	0,00%
13 years General	0,00%	50,00%	50,00%	0,00%	0,00%
13 years old Males	0,00%	50,00%	50,00%	0,00%	0,00%
14 Year Old Ladies	17,30%	61,53%	19,23%	1,92%	0,00%
14 years General	15,29%	65,88%	17,64%	1,17%	0,00%
14 years old Males	12,12%	72,72%	15,15%	0,00%	0,00%
15 Year Old Ladies	13,38%	65,35%	19,68%	1,57%	0,00%
15 years General	17,87%	57,87%	20,85%	3,40%	0,00%
15 years old Males	23,14%	49,07%	22,22%	5,55%	0,00%
16 Year Old Ladies	14,28%	62,14%	21,42%	0,71%	1,42%
16 years General	19,11%	59,55%	18,75%	1,10%	1,47%
16 years old Males	24,24%	56,81%	15,90%	1,51%	1,51%
17 Year Old Ladies	20,53%	60,71%	15,17%	1,78%	1,78%
17 years General	25,47%	56,60%	15,56%	1,41%	0,94%
17 years old Males	31,00%	52,00%	16,00%	1,00%	0,00%
18 Year Old Ladies	28,57%	71,43%	0,00%	0,00%	0,00%
18 years General	36,36%	63,63%	0,00%	0,00%	0,00%
18 years old Boys	50,00%	50,00%	0,00%	0,00%	0,00%

It is observed that the 13-year-old male subjects, 0% presented Very Positive Impact, 50% manifested Positive Impact, 50% Medium Impact and 0% of the subjects presented Low Impact and No Impact. As for the Ladies, 0% presented Very Positive Impact, 50% of the subjects presented Positive Impact, 50% of the subjects presented Medium Impact and 0% of the subjects with a Low Impact and No Impact, In general, the subjects of 13 years of age, Men and Ladies show 50% Positive Impact and 50% Medium Impact.

In the group of 14-year-old male subjects, 12.12% had a Very Positive Impact, 72.72% of the subjects had a Positive Impact, 15.15% of them had a Medium Impact, 0% had a Low Impact and No Impact. As for the women, 15.29% Very Positive Impact, 65.88% had Positive

Impact, 17.64% had Medium Impact, 1.92% had Low Impact and 0% No Impact, In general, 14-year-old Male and Female subjects showed 15.29% Very Positive Impact, 65.88% Positive Impact, 17.64% Medium Impact, 1.17% Low Impact and 0% No Impact.

In the group of 15-year-old male subjects, 23.14% had a Very Positive Impact, 49.07% had a Positive Impact, 22.22% had a Medium Impact, 5.55% had a Low Impact and 0% had no impact. As for the women, 13.36% showed Very Positive Impact, 65.35% obtained Positive Impact, 19.68% manifested Medium Impact, 1.37% Low Impact and 0% of the subjects presented No Impact. In general, of the 15-year-old subjects, 17.88% showed a Very Positive Impact, 57.87% showed a Positive Impact, 20.85% had a Medium Impact, 3.40% had a Low Impact and 0% had No Impact.

In the group of 16-year-old male subjects, 24.24% had a Very Positive Impact, 56.81% had a Positive Impact, 15.90% had a Medium Impact, 1.51% had a Low Impact and 1.51% had No Impact. As for the Ladies, 14.28% had a Very Positive Impact, 62.14% had a Positive Impact, 21.42% had a Medium Impact, 0.71% had a Low Impact and 1.42% had No Impact. In general, of the subjects with 16 years of age between Males and Females, they showed the following data: 19.11% Very Positive Impact, 59.55% Positive Impact, 18.75% Medium Impact, 1.10% Low Impact and 1.47% No Impact.

In the group of 17-year-old male subjects, 31% had a very positive impact, 52% had a positive impact, 16% had a medium impact, 1% had a low impact and 0% had no impact. Meanwhile, the Ladies presented 20.53% of Very Positive Impact, 60.71% manifested Positive Impact, 15.17% obtained Medium Impact, 1.78% presented Low Impact and 1.78% manifested No Impact. In general, of the subjects with 17 years of age between males and females, the following data were obtained: 24.47% Very Positive Impact, 56.60% Positive Impact, 15.56% Medium Impact, 1.41% Low Impact, and 1.78% Present No Impact.

The group of 18-year-old male subjects had a 50% Very Positive Impact, 50% Positive Impact, 0% of the subjects had a Medium Impact, Low Impact and No Impact. As for the women, 28.57% obtained Very Positive Impact, 71.43% manifested Positive Impact, 0% obtained Medium Impact, Low Impact and No Impact. In general, the Ladies and men of 18 years of age showed the following data, 36.36% Very Positive Impact, 63.63% Positive Impact, 0% Medium Impact, Low Impact and No Impact.

The analysis of the table on the impact of educational programs on the eating, health care, and lifestyle behavior of school adolescents shows several key trends.

Distribution of Impact by Age and Sex indicates that in general, the positive impact (very positive + positive) is greater in adolescents aged 15 to 18 years, with values ranging from approximately 70% to 100% in some groups. That adolescent girls (females) tend to show a slightly higher positive impact than boys at various ages, especially at 15 and 17 years old. At younger ages (13 and 14 years old), the positive impact is variable and in some cases less, although it still predominates over low or no impact impacts.

For Very Positive and Positive Impact, the "Very Positive Impact" category shows notable increases with age, especially in the 17 and 18 age groups (both girls and boys). Most of the groups have a high percentage of "Positive Impact", generally between 50% and 70%, indicating that the programs generate favorable changes in the majority of adolescents.

When looking at the Medium, Low and No Impact Impact, the "Medium Impact" category is observed with varied values, more present in the 13 to 15 age groups, decreasing for older ages. The percentages of "Low Impact" are low overall, with some minimal peaks between 1% and 5%, suggesting a good overall efficacy of the interventions. "No Impact" is recorded in most groups, only some marginal cases, which confirms the effectiveness of the programs on perception and behavior studied.

The results of the data analysis establish that the Health and Quality of Life programs used at the Abate Molina High School, in the city of Talca, Maule Region, do generate a positive impact on the self-perception that students have regarding the programs of the establishment and on their daily eating and physical activity habits. this evidenced in the high percentages of very positive and positive impact shown in the applied surveys.

According to the results obtained, males perceive more impact than females in all age ranges, and in turn the highest percentage of positive impact was obtained between 16 and 18 years of age, from this result we can infer that perhaps this is due to the fact that students in these ages have been part of these programs for longer than students from 13 to 15 years of age and therefore therefore, there has been a change in their eating behaviors and physical activity levels.

A study conducted by Pérez Rubio, et al. (2023) also found that educational interventions in the area of health care improve the health profile of adolescents. It also ratifies the results of this study, finding that there are differences by sex, with higher scores in men.

With these analyses, it is confirmed that the students are able to know that the appropriate behavior of their diet and physical condition affects their Health and Quality of

Life, and in turn responds to the objective of the study, since it was possible to analyze the perception that LAM students have, in relation to the impacts produced by health care and quality of life programs.

Thus, the importance of health care and quality of life programs used by some establishments can be discussed, since, as reflected in this study, these programs achieve relevant impacts on the quality of life care of students.

Evidence indicates that health education could have an important impact on the expansion of the system of activities and communicative interactions of adolescents, favoring self-care habits; therefore, it is verified that the application of comprehensive educational strategies can be key to promoting healthy and lasting lifestyles in the adolescent group, confirmed by Parra, et al. (2025). Adding what Amador Romero, et al. (2025) cite, that knowledge about the importance of these habits is essential for health care.

The same idea is presented by Barilla (2024) who in his study concludes that biopsychosocial experiences are essential to strengthen healthy lifestyles within the educational community. And that Physical Education plays a key role in promoting healthy habits by creating environments that favor physical activity and comprehensive well-being. The variety of approaches to health and well-being highlights the need to address them holistically, taking into account particular cultural and social contexts. At the LAM, the proposals come from the Department of Physical Education, which is ratified by them results of the study by Barilla (2024) cited.

It is considered that using these programs in the largest number of educational centers can contribute to improving the quality of life of many students in the country, thus interfering with the high rates of sedentary lifestyle, obesity and cardiovascular diseases that today affect students in Chile.

It is important to complement this idea with the result of a study by Madrid Carrillo (2025) that points out that educational intervention proves to be an effective strategy to positively influence the eating habits and lifestyles of adolescents, although it is necessary to strengthen and maintain this type of program in the school environment to achieve sustainable changes.

The educational programs proved to have a considerable positive effect on the majority of students, improving eating habits and lifestyles. There is a clear tendency for the impact to increase with age, possibly because older adolescents better internalize the proposed messages and changes.

It is recommended to continue and strengthen these programs, adjusting them to better engage younger adolescents and adolescents of both sexes, to maximize effectiveness from early stages.

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