

STRATEGIES REGARDING THE HEALTHY DIET AND PHYSICAL ACTIVITY IN CHILDREN AND YOUNG PEOPLE IN SOME OF THE EUROPEAN COUNTRIES

(I)

CARMEN DOMNARIU¹, DANIELA MĂNUC², FLORENTINA FURTUNESCU³

¹„Lucian Blaga” University of Sibiu, ^{2,3}“Carol Davila” University of Medicine and Pharmacy, Bucuresti

Keywords: obesity, European Union, health, young

Abstract: The alarming growth of the obesity and overweight in children and youth in the European countries determined the affected states to elaborate strategies for promoting healthy nourishment and physical exercise. Choosing the populational groups is justified by a series of arguments. There are presented only a few of these efforts made in Croatia, France, Germany, Italy, Norway.

Cuvinte cheie: obezitate, Uniunea Europeană, stare de sănătate, tineri

Rezumat: Creșterea alarmantă a obezității și supraponderalității la copii și tineri în țările europene a determinat statele afectate spre elaborarea unor strategii de promovare a unei alimentații sănătoase și activității fizice. Alegerea acestor grupuri populaționale este justificată de o serie de argumente. Sunt prezentate doar câteva dintre aceste eforturi desfășurate în Croația, Franța, Germania, Italia și Norvegia.

Strong arguments sustain the action of promoting a healthy diet and an increased physical activity in young people.

In Europe, the prevalence of the obesity in youth has been alarmantly growing beginning with the 1980's. The overweight among children and young people has doubled its volume and the obesity increased four times its values in some regions. Almost one in four children of school age is obese (related to the countries in UE) and the number is rising with more than 400.000 new cases/year.

Young people are more exposed to a higher risk of diseases: low glucose tolerance, hyperinsulinemia, diabetes type II, hypertension, asthma.

Obesity and overweight in young people are persisting in adults associating the high premature death risk because of ischemic cardiopathy, atherosclerosis and cancers. The psychological effects experienced by children and young people are more important than physical ones, linked to the severity of the obesity. Obesity and overweight are associated with a low self respect, psychic discomfort, psychosomatic turmoil and a low rate of satisfaction regarding life.

The obese young people state that they are not content with their way, they feel sad, lonely, uncertain, anxious and have only a few social contacts. The strategies of prevention against obesity and overweight regarding children and young people may have a higher potential because they have greater chances to obtain a normal weight, considering the existent relation between height and weight, if controlled the development.

This choice is sustained also by the fact that acts regarding life style are formed during childhood and continue during the young adult period. So, young people are more flexible in designing a life style.

A few European countries have developed a series of strategies and actions in the domain of healthy

nourishment and physical exercise. Croatia has stressed on the importance of maintaining and promoting health among young people. It has been elaborated a National Activity Plan regarding the protection of Rights and Interests of the children for the period 2006 – 2012, plan that was adopted by the Govern as a continuum of the anterior activities regarding the children's health 2003-2005. The main actions were:

1. Assuring health promoting of the children and young people.
2. Involving the children in imagining and carrying on programs of disease prevention.
3. Creating programs for a healthy diet especially in nursery school, schools and other children dedicated institutions.
4. Assuring the carrying into effect of healthy diet programs in all nursery school, schools and other institutions.
5. Companies of making aware the public regarding the importance of health diet in preventing obesity and other programs of disease prevention.
6. Spreading information regarding the importance of a healthy diet and disease prevention.

In France, the prevalence of obesity increased from 8,2% (1997) to 11,3% (2003) in the fifth year old population and the overweight increased from 37,7% to 41,6%. In January 2001, France has released National Healthy Diet Programme with the following objectives:

1. Increasing the fruit and vegetables consume for reducing with 25% the number of the persons that have a low consume of fruits and vegetables.
2. Increasing the calcium consume for reducing with 25 % the number of the persons which have an under recommended level of calcium, reducing the prevalence of vitamin D deficiency with 25 %.
3. The reducing of the medium contributions of the total consume of fats at least 35% from the

¹Corresponding Author: Carmen Domnariu, Regional Center for Public Health, Sibiu, 21 Luptei street, Sibiu, 550330, România, e-mail: carmen.domnariu@cspisibiu.ro, tel +40-(269) 21.28.12

ACTA MEDICA TRANSILVANICA March 2010; 2(1):133-135

general consume of fat saturated acids in population.

4. Increasing the consume of carbohydrates to more than 50% from daily consume of energy for encouraging the consuming of complex carbohydrates. Reducing of the current consume of simple sugars with 25% . Increasing the consume of dietetic fibers more than 50%.
5. Reducing the consume of alcohol (under 20g of pure alcohol daily, the equivalent of 2 glasses of wine of 100 ml, 2 beers of 250 ml and 6 ml of alcoholic drinks)
6. Reducing the medium level of cholesterol from the blood with 5% in adults.
7. Reducing the systolic arterial pressure with more than 10 mmHg.
8. Reducing of the prevalence of the obesity and overweight in adults and stopping the increasing prevalence of obesity in children.
9. Increasing with 25% the number of people that walk at least 30 minutes a day in alert rhythm, increasing the levels of the daily physical activity.

The programe was based on the collaboration between authorities, local organisms, non-governmental organizations and the partnership between the Health Ministry and Education Ministry.

Germany stressed on assuring the quality of prevention, from the quality of the concept (defining the target of health, intervention aims, objectives, interventions, target groups and professional approach) the quality of planning, participants (team, professional qualifications, professional cooperation and in the network), method of intervention and spreading (publicity, education elements and approaches), monitoring and management of the project, the disponibility of the evaluation results and monitoring of the results, the sustained development of quality regarding the programe or intervention.

In Italy, since 1998 - 2000 has been elaborated the Italian National Health Plan. There have been developed standards of healthy diet with the aim of preventing the diseases linked to the nourishment, especially cancer.

The evaluating of the interventions result in:

1. Suggesting more objectives, not only one: increasing the fruits and vegetables consume, reducing sedentarism.
2. Developing integrated programs based on: - teaching the advantages of fruits and vegetables consume, encouraging in trying varied nourishments.
3. Suggesting actions on more different levels: in the class, in the institutions, to parents, to teachers.

Initiatives consisted of: -

- Seminars held by experts and addressed to the parents of the pupils, grade in schools, gymnasium.
- Meetings on various themes of healthy diet.
- The information addressed to a large public for incresing the rate of awareness regarding various levels of nourishment (epidemiology, nutrition, psychology).
- Short educational interventions regarding groups-individual classes, especially

circumstances.

- Group activities guided on various themes(farm visits, breaks for snakewith the participation of the parents).

One of the longest experience regarding healthy diet has Norway. The politic in the domain of healthy diet begun in 1950s.

Also, Norway is the first country that launched the National Plan of Action for Physical Activity in 2005 developed in 8 ministers. The target groups are children and adolescents. There have been elaborated recommendations at national level regarding healthy diet promoted in schools, but also in the physical activity. According to those, the schools should offer at least 20 minutes for having the meal, complete surveillance in I – IV classes, fruits and vegetables, sandwiches for those that don't bring food from home, water to drink. The schools shouldn't offer: juices, salty snacks and sweets, cakes, pastry products daily. The gymnasium should sell nourishments from canteens.

The programe of intervention PHYSICAL ACTIVITY AND HEALTHY MEALS IN SCHOOL invited to take part 3500 grade schools and gymnasiums. There have been selected and sponsored for developing efficient models 200 schools.

As well, a series of other european countries have developed and implemented strategies regarding a healthy diet and physical activity. Among them there are Great Britain, Slovenia, Holland. But, their strategies in healthy diet and physical activity will be treated in future articles.

BIBLIOGRPHY

1. Addressing the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents; World Health Organization 2006
2. World Health Organization, Regional Office for Europe: Addressing the socioeconomic determinants of healthy eating habits and physical activity levels among adolescents; 2006.
3. Ministry of Health, Republic o Slovenia: National Health Enhancing Physical Activity Programme from 2007 to 2012; 2007
4. Ministry of Health, Welfare and Sport, Nederlands: Opting for a healthy life, Public Health policy in the Netherlands; 2006
5. World Health Organization, Regional Office for Europe: The challenge of obesity in the WHO European Region and the strategies for response; 2007
6. European Economic and Social Committee; Opinion of the European Economic and Social Committee on Obesity in Europe- role and responsibilities of civil society partners (own – initiative opinion)
7. Carmen Domnariu Obezitatea, problemă majoră de sănătate la nivel european; Acta Medica Transilvanica Martie 2009; 2(2):1-3
8. Report of a joint WHO- FAO Expert Consultation, 2003.
9. Obesity, the disease of the millennium. The European Food Health Council, 1998.
10. European Commission Health and Consumer Protection Directorate General, Nutrition and Obesity Prevention, 2006, ISBN 92-79-02727-1.
11. European Commission, Health and Consumer

Protection, Directorate- General, Ten Key Facts
About Nutrition And Obesity;

12. Green Paper “Promoting healthy diets and physical activity”, December 2005.
13. EuroHealthNet Report, 2008.
14. <http://www.hbsc.org>
15. [http://www.euro.who.int/eprise/main/WHO/informat
ionsources/publications/catalogue/%2020040601_1](http://www.euro.who.int/eprise/main/WHO/informat
ionsources/publications/catalogue/%2020040601_1)
16. <http://www.euro.who.int/>
17. <http://www.regione.toscana.it/salute/index.html>