

# INTERNATIONAL STRATEGIES AGAINST CHILDHOOD OBESITY AND NUTRITION-FRIENDLY SCHOOL INITIATIVE

---

*Jana FIALOVÁ*

**Abstract:** *This article presents a new initiative from the World Health Organisation (WHO) – the Nutrition-friendly School Initiative (NFSI) – and places it in the context of previous intervention programmes. The globally increasing occurrence of diseases associated with nutrition and lifestyle has led the WHO in recent years towards activities promoting health from early childhood. The WHO proceeds from the assumption that engrained healthy lifestyle habits can be achieved by means of high-quality, systematic and consistent instruction in schools and close co-operation with the family. The WHO presented its new Nutrition-friendly School Initiative programme at the beginning of the year. The programme is based largely on programmes previously introduced and operated successfully in a large number of countries. The programme's ideas are taken largely from the Health Promoting Schools initiative, while its methodology is based closely on its initiative supporting healthy nutrition from birth, i.e. breastfeeding (The Baby-friendly Hospital Initiative). The aim of the Nutrition-friendly School Initiative is to create the right conditions for all activities promoting a healthy lifestyle, with special attention paid to nutrition and sufficient exercise for children, and with an emphasis on community co-operation. The active engagement of a wide range of interested parties (stakeholders), a comprehensive understanding of the problems of nutrition as part of a healthy lifestyle, and the accreditation and regular evaluation of schools should be the great advantages of the programme, ensuring a high level of effectiveness.*

**Keywords:** *the nutritional habits of children, activities promoting health, the school, the family and the community, WHO intervention programmes, the Nutrition-friendly School Initiative (NFSI)*

## **1. Introduction: The theoretical basis and the reasons for the new initiative**

Many countries are confronted with a double problem in the area of nutrition in the modern age – with malnutrition on one hand, and with increasing obesity, not

merely among the adult population, but to an ever-greater extent among children as well, on the other. Both these problems are frequently associated with a deficiency of micronutrients, for which reason this situation is sometimes referred to as a double burden. Even the most highly developed countries are not immune to this problem. Many pieces of scientific research have shown us that non-infectious diseases (which from a certain viewpoint include obesity), the occurrence of which has been increasing dramatically in recent times, are closely associated with both nutrition itself and with overall lifestyle.

Nutritional habits and basic lifestyle profiles are formed primarily in childhood. The family certainly has the largest influence here, though in a time when a large proportion of families either break down or fail to fulfil their social functions the school stands in for the family to a certain extent in many regards. The school is faced with a far from easy task in such a situation – to preserve the autonomous formative role played by functional families, while at the same time trying to have a positive influence by working with parents in those cases in which families are incomplete or display functional inadequacies. Other circumstances and factors, such as the sensory perception of taste, aroma and colour, cultural customs and, to a large extent (particularly among children), external stimuli such as the advertising and marketing of foodstuffs, also contribute to the formation of nutritional habits alongside these social factors.

Insufficient knowledge and skills and poor or incomplete information in this area are the principal reasons why many international organisations are trying to promote a healthy lifestyle in the area of health and education. The above facts also lie behind the formation of the Nutrition-friendly School Initiative (NFSI) by the World Health Organisation.

## **2. The *Nutrition-friendly School Initiative* and associated projects**

*The Nutrition-friendly School Initiative (NFSI)* is a new intervention programme from the WHO aimed primarily at developing all aspects of the healthy school environment, while placing the emphasis first and foremost on healthy nutrition and a healthy lifestyle. It emphasises the importance of community elements to the success and long-term operation of the programme, and uses a standardised accreditation/evaluation system to ensure a high standard and effectivity.

There are wide-ranging possibilities for linking the initiative with other initiatives and programmes. In view of the fact that this is a global programme, it is in all cases linked with existing local programmes in individual regions. These include the FRESH Initiative (Focusing Resources on Effective School Health), in which UNESCO, UNICEF, the World Bank and a number of other partners are participating alongside the WHO, the programme Child-friendly Schools (UNICEF), the School Food and Nutrition Education Programme (FAO) and (in Europe) the successful and well-established Health Promoting Schools initiative (HPS), known as “Škola podporující zdraví” or simply “Zdravá škola” in the Czech Republic. The last important initiative that should be mentioned here is the Baby-friendly Hospital Initiative (BFHI). Although this programme does not focus directly on schoolchildren as its target group, the WHO has used its successful methodology, consisting primarily of the fulfilment of clearly defined criteria and a developed accreditation/evaluation system, for its new initiative.

Of all the initiatives mentioned above, the HPS initiative is of particular importance for the NFSI in this country, since the NFSI is to be directly linked to it in Europe and since both have the same area of operation. Both target the school environment, both strive to improve the health of children and the wider community, and both place the emphasis on their long-term effect. The two programmes may function independently of one another, though the contribution they make will probably be increased if they are implemented concurrently or in conjunction with one another.

The Health Promoting Schools initiative enjoys the support of state bodies in the Czech Republic, and this is reflected in the fact that it is recommended for implementation by the government document “A Long-term Programme for Improving the Health of the Population of the Czech Republic – Health for All in the 21<sup>st</sup> Century”. The WHO envisages governments or state bodies placing this new initiative among their priorities in view of the logistical interconnection between the NFSI and the HPS.

### **3. The goals and tasks of the NFSI**

The principal goals of the NFSI are to create a framework for further preventative intervention programmes (both complete programmes and individual parts of such programmes), to improve the school environment with a view to the healthy development of children (in connection with existing and functioning initiatives such as the HPS wherever possible), and to make significant improvements to health education so that children acquire the ability of independent decision-making during their school years, an awareness of their personal responsibility for their own health, and key skills in the areas of health, healthy nutrition and a healthy lifestyle.

An additional goal of the NFSI is to create suitable conditions for co-operation with all key partners (stakeholders), including parents, other family members, the community, school boards and experts in fields connected with health and healthy nutrition. A formal, though important, goal is to allow schools to be accredited as Nutrition-friendly Schools. This accreditation is not merely confirmation of the successful implementation of the programme, but also aims to enable the public and parents selecting a school for their children to be able to assess and compare the goals and priorities of individual schools in this area.

### **4. Basic criteria of the NFSI**

The BFHI, whose methodology is applied within the NFSI, aims to create a baby-friendly environment at neonatal departments by means of the fulfilment of 11 basic criteria. Similarly, 22 basic criteria have been formulated for the NFSI, the requirements of which must be fulfilled by schools that want to be accredited as Nutrition-friendly Schools. These criteria are divided into five areas (I–V):

#### ***I. Written policy:***

1. The school must have a strategy drawn up in writing in accordance with the (following) requirements of the NFSI, preferably incorporated into its school educational programme.

## ***II. Contacts and co-operation with the public:***

2. The school should inform the public of the fact that it intends to join the NFSI programme (and perhaps initiate a discussion about this), and communicate information relating to the NFSI to the public on a regular basis during its implementation.
3. Organise, co-organise, or otherwise support health activities designed for families and the general public.
4. Provide education for school staff in the area of nutrition and a healthy lifestyle in the form of courses, training, etc.

## ***III. The content of the school curriculum in relation to the promotion of healthy nutrition and a healthy lifestyle:***

5. Tuition for all age groups should include one lesson a week either reserved entirely for nutritional education or integrated into other subjects.
6. Compulsory tuition should include at least one lesson a week devoted to physical activities.
7. Five lessons a year should be devoted to a healthy lifestyle (including sex education, drug prevention education, etc.).
8. The curriculum should be inspected and, if necessary, revised with a view to the fulfilment of NFSI targets on a regular basis, preferably once a year.

## ***IV. The creation of a school environment promoting the healthy development of children:***

9. The school and its employees should actively promote healthy food and drinks wherever they have the necessary responsibility and access, i.e. school catering, snack bars, canteens and other sales points on the school premises.
10. The school should present healthy nutrition and an active lifestyle in a positive manner at the school's contact and information points.
11. Advertisements for sweet, fatty or nutrient-poor food and drinks should not be allowed on school premises or in the surrounding area.
12. An appropriately sized, clean and maintained area should be provided for catering for children.
13. Appropriate hygiene operations should be assured in the kitchen, if the school has one.
14. Children and employees should be assured access to uncontaminated drinking water.
15. Good hygiene and health habits should be promoted among children by means of education, a good example set by adults, and appropriate school facilities.
16. The fulfilment of hygiene requirements for sanitary facilities should be assured.
17. A suitable indoor or outdoor sports area for physical education should be created. Children should be allowed to use it at other times in addition to during classes, e.g. during breaks and after classes.

18. The school should fight effectively against bullying, discrimination and violence at school, avoid shying away from the resolution of these problems, and mediate help when necessary.
19. It is important to accept the role of the school and its staff as positive role models in educating the children entrusted to their care.

#### ***V. Auxiliary medical services:***

20. Regular monitoring of children's growth and development (this is impossible under the conditions in force in this country and under our legislative system, though this function is reliably fulfilled by paediatricians).
21. Effective co-operation with families, particularly in cases in which children are overweight or have eating disorders.
22. Fulfilling the function of the school in mediating contact with specialists in cases in which children have medical problems (educational/psychological consultancy, dietary consultancy, contacts with general practitioners and dentists, etc.).

## **5. NFSI implementation procedure and accreditation**

Schools interested in joining the NFSI should create an NFSI working group, which should include the principal or deputy principal, representatives of the teaching staff, non-teaching staff (e.g. the head of the school canteen), parents, the school board and health experts.

This working group will conduct an assessment of the situation within the school on the basis of the self-evaluation manual.

The working group will then draw up an "action plan" based on the results of its assessment, which will include a proposal for how the NFSI criteria are to be achieved at the school in question and a timetable for their fulfilment. The school will then send the results of its self-assessment and its action plan to the NFSI National Council, which should be appointed by government bodies (probably the Ministry of Education or the Ministry of Health in the case of the Czech Republic).

This will be followed by the period of implementation of the NFSI, during which time the school will try to come up to all the requirements of all the NFSI criteria in accordance with the stipulated timetable. When the school has managed to fulfil the NFSI criteria it will conduct a second self-assessment and again send the results to the NFSI National Council along with a request for accreditation. This will be followed by an external evaluation and, if the result is positive, the NFSI International Co-ordination Team will be informed and the school can be accredited as a Nutrition-friendly School. Repeat evaluations will be performed at regular (probably two-year) intervals following accreditation.

## **6. Conclusion**

A number of countries have already joined the NFSI through their government organisations, of which we might mention the USA, Canada, Brazil, Finland, Denmark,

Ireland, Slovenia and Croatia. The foundation of a National Council for the NFSI and the inclusion of the NFSI programme among the priorities of state institutions are currently in negotiation in the Czech Republic. Part of this process is the resolution of the issue of its connection or linkage with the HPS programme. The Department of Preventative Medicine at the Faculty of Medicine at Masaryk University is currently preparing the pilot introduction of the NFSI at a number of schools. The results of pilot projects and the insights obtained may uncover problems and obstacles with a view to the possible wide-scale implementation of the NFSI in the Czech Republic. Such pilot studies will also make it possible to propose alterations to the programme to suit the conditions in force in the Czech Republic and subsequently to draw up an implementation manual to ensure that the implementation of the programme in the Czech environment provides the greatest possible help in spreading healthy eating habits and a healthy lifestyle among our children.

## MEZINÁRODNÍ STRATEGIE BOJE S DĚTSKOU OBEZITOU A INICIATIVA ŠKOLA ZDRAVÉ VÝŽIVY

**Abstrakt:** Příspěvek představuje novou iniciativu Světové zdravotnické organizace (WHO) Škola zdravé výživy (Nutrition-Friendly School Initiative, NFSI) a zasazuje ji do kontextu již dříve zahájených intervenčních programů. Celosvětově se zvyšující výskyt onemocnění, která souvisejí s výživou a životním stylem, vede v posledních letech WHO k aktivitám podporujícím zdraví už od raného dětského věku. WHO vychází z předpokladu, že díky kvalitní, systematické a konzistentní výuce ve školách a úzké spolupráci s rodinou lze dosáhnout dlouhodobě zakotvených návyků zdravého životního stylu. Počátkem roku proto představila WHO nový program Škola zdravé výživy, který principiálně vychází z již dříve zavedených a v mnoha zemích osvědčených programů, ideově především z iniciativy Školy podporující zdraví (Health Promoting Schools), metodicky z iniciativy podporující zdravou výživu od narození, tedy kojení (Baby-friendly Hospital Initiative) a bezprostředně na ně navazuje. Cílem programu Škola zdravé výživy je vytvořit zázemí pro všechny aktivity podporující zdravý životní styl se zvláštním zřetelem na výživu a dostatečný pohyb dětí, a s důrazem na komunitní spolupráci. Právě aktivní zapojení širokého okruhu zainteresovaných aktérů (stakeholders), komplexní chápání problémů výživy jako součásti zdravého životního stylu, akreditace a pravidelné evaluace škol by měly být předností tohoto programu a zajistit jeho vysokou účinnost.

**Klíčová slova:** výživa dětí, aktivity podporující zdraví, škola, rodina a prostředí, intervenční programy WHO, škola zdravé výživy (NFSI)