



Bsport+

**WHITE PAPER ON POLICY MAKERS
TURKEY**

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B-Sport +: WHITE PAPER ON POLICY-MAKERS**INTRODUCTION: SCOPE AND PURPOSE**

The present provision delivers an overview of the Turkish panorama of health enhanced physical activities (HEPA) under a policy framework's perspective, and explore the challenges that surround it considering the selected targeted audience by İstanbul Avrupa Araştırmaları Derneği (IAAD, P2): children and youngster aged 6 to 11 years old (Turkish lower secondary school).

A series of research activities under the scope of project BSPORT+ intellectual output n.º 1 led to acknowledge one of the most prominent interest for IAAD considering the current context of HEPA in Turkey is childhood obesity, more specifically children and youngster aged 6 to 11 years old.

This White Paper is meant to bring knowledge to readers and assist them to understand and explore possible pathways to tackle the challenges in hand, considering the key findings gathered by the research activities which are: desk research, survey, good practices examinations, conversations with 2 municipalities representatives, with parents and their children.

Obesity is a remediable disorder correlated with having an excess amount of body fat, and an energy metabolism disorder that may trigger physical and mental troubles. It is recognised there is a clear link between obesity prevalence and childhood obesity, which amplified recently worldwide and in Turkey, and the causality relationship between obesity and a series of diseases such as hypertension, diabetes, cardiovascular diseases.¹

To address this issue, in December 2017, the Turkish government pledged to initiate multi and cross-sectoral engagement to end childhood obesity, and, to sustain this determination, the Ministry of Health applied for technical assistance from the WHO to structure a national action plan.²

The Turkish government launched a comprehensive and vast national plan to promote physical activities in the schooling sphere and especially the lower secondary schools, but more broadly as well. One of the most visible and prominent feature of the plan is the practice of children traditional games during schooling times (lessons breaks and physical education lessons), and to that end, the playgrounds' floors of the schools where turned an outstanding set of colours.³

To maximise opportunities, this HEPA approach also interlinks with initiatives towards

1 [Çocukluk Çağında Obezite \(Childhood Obesity\)](#), Erkuran et. al in *Sağlık ve Toplum*, 2019

2 [WHO contributes to new plans to tackle childhood obesity in Turkey](#), WHO Regional Office for Europe, 2018

3 [Okul bahçeleri geleneksel oyun alanlarıyla donatılıyor](#), school playgrounds are equipped with traditional games, 2019

more gender equality and recognition at an earlier stage, and also social inclusion (emotional intelligence), considering the prominent place of immigrants in the Turkish society, since traditional games provide neutral-focused approaches towards societal cohesion.

In addition, specific attention is provided by schools' management bodies on PwD via the network of counsellors representative of the medical, psychology and healthcare arena.

IAAD is effectively engaged in this national strategy and agenda, especially via ERASMUS+ Sport initiatives, in addition to BSPORT+:

- a) 'More than Sport, My Best Sports Day'** (ERASMUS+ Sport ref. 590320-EPP-1-2017-1-SI-SPO-SSCP);
- b) 'The European Game'** (ERASMUS+ Sport ref. 602883-EPP-1-2018-1-IT-SPO-SSCP);
- c) 'Fit for Kids'** (ERASMUS+ Sport ref. 613432-EPP-1-2019-1-DK-SPO-SCP), and;
- d) 'MigrART'** (ERASMUS+ Youth ref. 2020-1-IT03-KA227-YOU-020580).

IAAD currently leads a set of engagement programmes, specially under BSPORT+ and Fit for Kids projects with a group of 57 structures (within which three schools).

In these programmes, children must exercise intensive physical activities at least 3 times a week for at least 20 minutes per session, in the form of individual physical activities or team sports and, for adolescents, this include muscle building, so called "Pilates" in Turkey.

Alternative pathways have been evidenced in recent studies showing that 2 types of physical activity are likely to promote lipid degradation: continuous low-intensity activity, but also intermittent high-intensity exercise (at 75% of maximum aerobic power) allowing stimulation of lipolysis during recovery.

Physical activity in overweight children provides them with the following benefits:

- a)** it improves muscle and respiratory capacities during exercise;
- b)** it decreases fat mass and stabilizes or increases muscle mass;
- c)** it is associated with a positive image of the body and generates general well-being; thus, the practice of a physical activity that pleases the child improves the image he has of himself and his self-confidence;
- d)** it has a beneficial effect on blood pressure;
- e)** it decreases the risk of diabetes.



In Turkey, the most prominent policy framework bodies engaged in the national agenda for healthier lifestyles are public entities, and especially the Ministry of Health of the Turkish Republic (T.C. SAĞLIK BAKANLIĞI).

The main source of information at national level is gathered in the Healthy Diet Active Life Programme, and more particularly in the Action Plan for the Prevention of Childhood Obesity of the Turkish Republic (2019 – 2023).⁴ The plan was elaborated following a multi-stakeholders' approach, especially experts on HEPA and nutrition, and children psychology.

Other specific policy agents representative of this panorama are neighbourhoods (*Mahallesi*) public and family health centers, such as "Bahçeşehir Sağlık Ocagi" (*Bahçeşehir Family Health Center*), with who IAAD's have been developing with under the project BSPORT+, and more particularly with specialised services encompassing tailored accompanying measures for PwD. They are coordinated by central directorates such as "Halk Sağlığı Hizmetleri Başkanlığı - İstanbul İl Sağlık Müdürlüğü" (Public Health Services Directorate - Istanbul Provincial Health Directorate).

Public policy framework bodies are also represented by a series of interlinked stakeholders, specially represented by law-makers at a supra-regional level, such as the Directorates, law-makers at a national level (such as the parliament); the

⁴ [Çocukluk Çağı Obezitesinin Önlenmesi İle İlgili Eylem Planı \(2019 – 2023\)](#), Ministry of Health of the Turkish Republic, 2019

bureaucracies that support lawmakers, such as national government departments and interlinked Directorates, statutory bodies with sectoral responsibilities, such as utility regulators, statutory bodies with regional responsibilities, such as local councils, statutory bodies with subject-matter responsibilities, such as health and care agencies and similar.

Obesity is defined as the increase in weight gain that develops due to the increase in body fat. According to the Turkey Statistical Institute data, the rate of obesity in individuals over the age of 15 in Turkey in 2008 was 15.2%, which increased to 31.1% in 2014.

Only 1-2% of childhood obesities develop due to the underlying diseases and syndromes, and an exceptionally large percentage is due to the calorie intake being more than the energy expended, and this is a preventable condition.

Obesity is thought to develop when genetic factors interact with some environmental factors. Changing lifestyle as a result of urbanization, increased calorie intake and decreased physical activity are the main causes of childhood obesity.

The anxiety of children's success in academic life and the unsafe environment in which they live cause children to spend more time at home in front of the screen and decrease their physical activities.

Diets are also a prominent matter of concern, as increased fat rate in the diet and a diet rich in sugary beverages are the leading factors that cause obesity. Obesity not only affects the child's current health status, but a large proportion of obese children continue their lives as obese adults.

NATIONAL CONTEXT

Key learning – *"The main goal of national health policies is to reach a healthy society consisting of healthy individuals. In order to reach a healthy society, it is necessary to develop policies that strengthen inter-sectoral cooperation. A healthy life cannot be achieved only by increasing the quality of health services offered to the community. Individuals should also be aware of their own health, demand services and develop positive behavioral changes."* Dr. Dr. Fahrettin KOCA, T.C. Sağlık Bakanı (Minister of Health).⁵

⁵ [Çocukluk Çağı Obezitesinin Önlenmesi İle İlgili Eylem Planı \(2019 – 2023\)](#), Ministry of Health of the Turkish Republic, 2019

A recent and comprehensive study⁶ was delivered in May 2019 by the Ministry of Family, Labor and Social Services, yet with a focus on the employment and health arena. There are no major overall statistical reports on PwD-oriented data for sport, HEPA and healthy lifestyle.

The main platform tackling the challenges in hand is at national level and driven by the Turkish Republic Healthy Diet Active Life Programme, and more particularly the Action Plan for the Prevention of Childhood Obesity of the Turkish Republic (2019 – 2023).

The action plan specifically consider disadvantaged groups such as PwD (chapter 4) and aim at ensuring they are inclusively engaged in all planned activities and developments, towards improving health and promoting health globally, generating and sustaining reliable environments at societal level, and fostering the practice of holistic health services.

The key objectives of the plan is to effectively combat obesity (increasingly prevalent in Turkey), affecting children and youth, namely via protecting individuals from environmental risks to health and via promoting a healthy lifestyle. Also, develop healthy diet habits; encouraging the consumption of healthy food, considering the nature and appropriate consumption). Specially, the plan encourage children to gain the habit of adequate and balanced nutrition and regular physical activities.

The plan aims especially at substantially lessen the prevalence of obesity-related diseases commonly observed at a later stage such as cardiovascular diseases, diabetes, a few forms of cancer, hypertension, musculoskeletal diseases, to name but these few. In this regard, the action plan is structured around a solid set of studies and surveys planned to measure, track, monitor and coordinate the implementation of the action plan.

INCLUSIVE EDUCATION AND SPORT PARTICIPATION FOR PwDs

As mentioned in the first chapter, the Turkish government launched a comprehensive and vast national plan to promote physical activities in the schooling sphere and especially the lower secondary schools, but more broadly as well.

The Action Plan for the Prevention of Childhood Obesity of the Turkish Republic

⁶ [Engelli ve Yaşlı İstatistik Bülteni](#), *Statistics bulletin on elderly persons and PwD, 2019*

develops notably on education and sport participation levels upon 8 specific focus-areas:

- a)** supporting a healthy start in life (pre-school and primary school specially);
- b)** promoting healthy environments in schools and pre-school;
- c)** informing and empowering families;
- d)** ensuring that healthy options are easy choices;
- e)** reducing marketing pressure on children;
- f)** providing leadership and coordination to improve physical activity;
- g)** supporting the development of children and adolescents;

supporting surveillance, monitoring, evaluation and research.

The plan is rooted in the notion of acting at the earliest stage of life, especially the parental sphere, via strengthening and integrating existing prenatal and prenatal care guidelines to reduce the risk of childhood obesity and prevent non-communicable disease (NCD) such as autoimmune diseases, most of heart diseases, diabetes, and others.

Expectedly, schools and the parental sphere are at the core of the present agenda, and aim at providing guidance on developing healthy behaviors and ensuring the proper growth of children, supporting healthy nutrition, sleep and physical activity in early childhood. Especially, the parental sphere is considered a key enabler of behavioural change, considering healthy options in food and HEPA. Special attention is provided to ensure the comprehensive access to the programme by all families and provide easy options on healthy food choices and HEPA platforms outside of the schooling sphere, such as sport clubs and similar.

Marketing pressure on children is of vital concern for the Turkish government and concrete actions are anticipated, such as limiting children's exposure to food and beverage advertisements, developing relevant legislation and regulations (including the WHO recommendations), and establishing mechanisms for the effective implementation of the legislation.

Local Active Community of Practice to generate local leadership and coordination are supported by the programme (also in line with the WHO recommendations), to achieve a 15% comparative reduction in the prevalence of physical inactivity in children and adolescents by 2030, thus increase physical activity and reduce sedentary behaviors in this population.

Finally, the programme is widespread to ensure its effective implementation, monitoring and assessment (performance), also comprising research and studies. The academic arena is substantially targeted by the programme to contribute at different levels, not only knowledge and intelligence as such, but also for the acceleration of innovation action toward the enhancement of the programme. This is not only done only in terms of research and studies, but also, and most importantly in term of accelerating the education and training of future researchers and professionals in a vast number of fields of proficiencies, from food science, engineering and HEPA science and entrepreneurship.

OVERVIEW AND KEY FINDINGS FROM THE COMMUNITY SURVEY

IAAD's target audience per the realities of the project Intervention Programme represent only 6% of the total number of participants, therefore key learnings cannot be gathered from the results of the survey. To address this matter, IAAD conducted interviews with 2 representatives of local municipalities, in the neighbourhoods of Avcılar and Başakşehir (city of Istanbul).

In addition, the review of a series of papers and surveys promoted in the past decade serves as a platform for examination, such as specific studies conducted on overweight and obesity prevalence from childhood and the links to national health policies.⁷

Key findings on policies developing as a driver for healthier habits considering HEPA and nutrition are structured as follow:

- a)** children are examined at early stage by specialist physicians, to understand whether there is a condition that causes obesity, and identified disorders caused by obesity are investigated; if a hormonal-metabolic problem is detected, its treatment is a priority; for children with predictable obesity, nutrition and lifestyle is adjusted, e.g., balanced diet, regular sports and increasing mobility in daily life;
- b)** screen and recognise faulty parental attitudes and wrong eating habits, and tackle modern living conditions which are also favourable for children to gain weight; this is implemented at local level by Family Health Center;

⁷ [The obesity frequency in 11-14 years school age children](#), BAŞAR E. in Sağlık Akademisi Kastamonu, April 2019

- c)** provide a solid attention to disease and condition early diagnostic, such as insulin resistance syndrome (metabolic syndrome), type 2 diabetes, hypertension (high blood pressure), dyslipidaemia (high blood fat), kidney diseases, early puberty menstrual irregularities, fatty liver and hepatitis, breathing irregularity during sleep, short breathing pauses, snoring, respiratory infections and asthma, vertebra problems, hip joint slippage, leg curvature, and mental disorders (depression), to name but these few;
- d)** increase physical activity globally, in addition to the usual daily activities for obese children, developing policies recommend a minimum of half an hour of moderate activity (which can be in the form of games, such as the traditional children games), regular HEPA and walking on weekends;
- e)** promotion of behavioural change, via the support of adjusted psychological support provided for children to adapt to the nutritional plan and lead a more active lifestyle via the aforementioned HEPA, and to give up unhealthy food as a reward and goal;
- f)** Local Active Community of Practice promote cooperation of the whole family as key enablers for the adoption and implementation of the behavioural change in lifestyle considering HEPA and diet; family members substantially increase the success of the children in its journey towards healthier habits; the purpose of therapies for obesity in children is not only to reduce weight in a certain period of time, for stopping weight gain suffices for many children with mild to moderate weight, however, the main purpose of the policy action plan is to prevent adult obesity by providing a lifelong HEPA-driven and healthy nutrition mindset;
- g)** provide continuous information sessions, trainings and meetings with children aged 9-12 and for up to 10 years, to facilitate effectively transfer of knowledge in children, but also for them to act as agent of change and train their parents at home.

RECOMMENDED POLICY ACTIONS

The central policy framework tackling the challenges in hand is at national level and driven by the Turkish Republic Healthy Diet Active Life Programme, and more particularly the Action Plan for the Prevention of Childhood Obesity of the Turkish Republic (2019 – 2023), providing that way a solid pathway towards improvement. Consequently, IAAD aim at contributing to a certain number of

activities in direction to the planned objectives of the plan, and at local level. IAAD will specifically target rural areas and urban localities characterised by a close link with the rurality, in particular villages with up to 2.000 inhabitants.

Nonetheless, a number of possible pathways for enhancement may be suggested to provide higher inclusion for PwD and corresponding societal awareness on the particularities of the challenges faced by this particular population of children. Determining the number of individuals who need to benefit from HEPA (educators) and food-related support programmes (school canteens, etc.) and ensuring that this specific priority groups benefits comprehensively from support programmes.

Between October and December 2020, IAAD established a committee to discuss childhood obesity under the supervision of selected healthcare Family Centers, to propose a series of recommendations as follows:

- a) experiment possible decree at local level comprising the characteristics of local food providers, especially on fruits, vegetables and fisheries;
- b) experiment possible decree at local level (to be developed in BSPORT+ Policy Labs), providing tax benefits for businesses to specifically develop HEPA programmes suitable for PwD, framed in public-private partnerships for education platforms, following pilot experiences dated 2016;⁸
- c) ideate policy frameworks to provide conditions for experts and professionals from the social sciences and humanities to implement studies specifically targeting PwD behavioural change mechanisms, to facilitate enhanced policy frameworks for this population;
- d) explore policy framework to assist the acceleration of innovation action for the development of HEPA programmes adjusted to that specific population or the transfer of existing methodologies such as 'Fit for Kids'⁹ (Denmark) or "Klub Koszykówki Wilki Morskie"¹⁰ (Poland);
- e) implement policy action to facilitate the practice of transnational learning mobilities and study-visits for school staff to address the specific particularities of PwD challenges considering HEPA and nutrition, considering the possibility for the children to participate and become ambassadors (facilitators) of healthier lifestyle, as suggested by a series of good practices such ERASMUS+ Sport project;¹¹

⁸ [Public private partnership in education](#), Balçioğlu Selçuk Akman Keki Attorney, September 2016

⁹ [Fit for Kids](#), Denmark, march 2020

¹⁰ [Klub Koszykówki Wilki Morskie](#) (Poland)

¹¹ [A whole school approach promoting HEPA](#) ERASMUS+ Sport Programme, 2021-2022

- f) accelerate policy platforms to establish real-scale 'Living Lab' specifically structured for PwD in the schooling sphere, following the model of existing good practices such as the 'Chronic Disease Prevention and Physical Activity Lab' in Canada¹², to better understand how lifestyle features such as physical activity and sedentary behaviour patterns impact on health, and therefore assist develop tools to improve PwD health and well-being.

CONCLUSIONS

IAAD recently engaged in the field of sport, physical activity and healthy lifestyle through 2 ERASMUS+ Sport funded projects "My best Sport Day" and "The European Game". In both projects, IAAD led development on fostering social inclusion and intercultural competences with a community-based vision and strategy, engaging and activating individuals and families to adopt healthier lifestyles. Our staff, volunteers and associated partners are involved in a variety of actions and initiatives, tackling issues where healthy habits, nutrition, sport and other HEPA are key drivers to also foster intercultural dialogue, migrant integration and inclusion and intergenerational relationships. IAAD's professional experts identify and collect existing good practices and concepts in the field of innovative approaches addressing motivation's pathways for children with special needs to engage in the sport sphere and increase their inclusion in sport activities.

IAAD aim at contributing to the challenges raised by PwD adoption of healthier lifestyles at the earliest age as follow:

- a) generates an actionable blueprint to create sustainable HEPA-driven programmes for children aged 6-11 years old, engaging policy-makers assigned to the schooling sphere, and comprising an interactive approach for combined HEPA and food supply chain planning, monitoring and improvement, to meet the national agenda objectives;
- b) identify, engage and activate policy-makers assigned to the schooling sphere and food system arena to engage in the PwD-oriented Capacity Building Programme 'POWER SPORT+', the user-driven digital social and Open Educational Resources (OER) platform 'SPORT+LIFE' and the HEPA Policy Labs;
- c) generate activities that will characterise and assemble sound evidence on current needs (vulnerabilities, obstacles, enablers, etc.) to achieve more sustainable

¹² [Chronic Disease Prevention and Physical Activity Lab](#) Faculty of Kinesiology and Recreation Management, University of Manitoba, March 2020

HEPA programmes implementation and development in the schooling sphere, combining the existing programmes with the nutrition dimension;

- d)** generates additional instruments (considering point b), to facilitate co-creation and participatory reflexion processes, and intelligence compilation, linking with the platform 'SPORT+LIFE', for instance with regular round tables with policy-makers assigned to the schooling sphere;
- e)** explore children-centered serious games tackling concepts of nutrition and diet and how they combine with HEPA, to generate a "HEPA-minded" culture (habit) at the earliest stage;
- f)** explore children-centered 'trends' and interlink with healthier lifestyles concepts also considering the current phenomenon of Internet-based 'body-image', especially on Instagram, the most popular Social Media in Turkey; this will be done with the assistance of young Instagram influencers;
- g)** explore monetising healthy habits among children via parental-monitored mobile Apps, e.g., the more the children adopt healthy diets and practice HEPA (considering children real need and condition traits); IAAD is currently approaching the company Migros Ticaret SA on the basis of their current development '*Sağlıklı Yaşam Yolculuğu Programi*'¹³ (the wellbeing journey);
- h)** sustain policy life cycle examinations (policy lab) and BSPORT+ Observatory beyond 2022 until 2030, and generate synergies with developing initiatives at local and regional levels.

¹³ [Sağlıklı Yaşam Yolculuğu Programi](#), Migros Ticaret SA, October 2017

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