



**Bsport+**

**WHITE PAPER  
ON STAKEHOLDERS  
TURKEY**

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## **INTRODUCTION: SCOPE AND PURPOSE**

The present provision delivers an overview of the Turkish panorama of health enhanced physical activities (HEPA) under a stakeholders' 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.<sup>1</sup>

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.<sup>2</sup>

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.<sup>3</sup>

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

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

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

To maximise opportunities, this HEPA approach also interlinks with initiatives towards 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 stakeholders engaged in the aforementioned national agenda are public entities, are child health and diseases specialists, especially active in programme in the schooling sphere, who deliver information and council on healthy, nutritious and culturally appropriate food, providing swift, practical and healthy nutrition recommendations for preschool and lower secondary schools pupils.

Other stakeholders are specially represented by parents and siblings and the parental sphere globally, and children as well considering their influence as peers influence, medical staff from family health centers, and staff of the lower secondary schooling sphere. In general, the parental sphere are represented by civil society organisations, and to some extent, also independent experts and professionals from the children medical, psychology and healthcare panorama.

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 – Today in Turkey, the level of awareness of the society regarding individuals with disabilities is better than before, but this level of consciousness has not yet reached the desired level.

The vast majority of civil society organisations<sup>4</sup> (CSO) in Turkey consider that the public at large is still lack awareness on PwD leading to a series of barriers to PwD inclusion, especially in the employment arena. However, in the Sports and HEPA arena, it is rather the opposite.

Most households have a solid knowledge on their family members with disabilities considering definitions a) and b) for those family members are registered as "disabled" in the social assistance, health and care arena. However, it is not often the case regarding definition c) especially when related to obesity, depression, gastrointestinal disorders, psoriasis, chronic pain, and other similar health and care conditions. It is even less the case considering condition such as non-severe psychological disorders e.g., ADHD, ASPD, AvPD, PTSD, SECD, for which families do not relate with definitions from the academic sphere.

Academic, experts and government bodies acknowledge a specific set of frameworks when considering disabilities:

**a).** disorder (or deficiency) refers to loss of physiological, psychological, or anatomical structure or deviation from normal. this definition specifically refers

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<sup>4</sup> [Awareness level about individuals with disabilities should be increased](#), *article on statements from CSO, Haberler.com, 2019*

to disorders at the organ level.

- b).** disability refers to physical and mental disability, which is defined as the decrease or loss of a skill compared to normal due to the insufficiency resulting from the deterioration of health.
- c).** inadequacy refers to the inability to fulfil the life requirements accepted as normal according to the age, gender, social and cultural level of the person due to the insufficiency or disability situations described above.

A recent and comprehensive study<sup>5</sup> 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.

However, material can be found for specific thematic:

- a).** obesity, 21,1 % of individuals e.g., ca. 17.5 million individuals (2019);
- b).** chronic diseases, diabetes 8.5 million 20+ years old, hypertension 15.8 million, etc. (2017)

### ***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.

HEPA are inclusively integrated as a key component of educational programmes and do not engage additional infrastructure or equipment, and turn to be an enhancement of existing assets, which is an integral part of the formal education agenda, considering what children need most, yet it gains additional dimension.

It creates and promotes traditional children's games via organised playgrounds in the external areas of schools at national level, and in all the schooling sphere from primary to secondary schools. During the break, pupils and students learn and play the games brought from traditional backgrounds and also, to some extent, pan-European and world-wide sources.

Enthusiasm, awareness in Turkish tradition and habits, sharing and solidarity reach its peak in the equipped playgrounds with universal and neutral play lines

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<sup>5</sup> [Engelli ve Yaşlı İstatistik Bülteni](#), *Statistics bulletin on elderly persons and PwD, 2019*

considering gender, ethnicity, spiritual, and socio-economic backgrounds.

One of the main characteristics of the aforementioned HEPA-focus programme is neutrality: children with obesity are inclusively integrated in the activities without any external and visible signs of specificity. More specially, PwD are at the core of the programme, besides the HEPA-focus of the activities. While playing, children learn understanding, develop emotional intelligence, enhance self-awareness and beyond.

Also, it is vital to mention that the programme comprises the nutritional dimension of healthier lifestyles, to strengthen awareness-raising on the key role played by diet in sustaining health and wellbeing.

### **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 57 parents and their children aged between 6 and 11 years old (gender-balance sample), with schoolteachers from lower secondary schools and a number of experts in the field, for instance from the hospital *LÖSANTE - Çocuk ve Yetişkin Hastanesi*. 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 children obesity and the links with parental considerations across socioeconomic layers.<sup>6</sup>

Key findings are structured as follow:

- a).** most of the children are unaware of what is a healthy lifestyle and how important is HEPA combined with healthy diets;
- b).** the vast majority of children are unaware of the risks and health conditions (obesity), and observe a regularly sleep at night and do you feel well globally;
- c).** they are not followed by any particular medical professional and do not practice any particular HEPA outside the schooling sphere, and reveals low motivation to engage in such activities, let alone considering healthier food, and they do not drink water regularly;

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<sup>6</sup> [Prevalence of childhood obesity and related parental factors across socioeconomic strata in Ankara, Turkey](#),

*Yardim S. M. in Eastern Mediterranean Health Journal, October 2017*

- d).** healthcare professionals emphasises on the utter lack of awareness of the parental sphere regarding HEPA and healthy food as they are most of the time themselves with excess of weight and sometimes even obese;
- e).** these professionals observe the main obstacle for children to engage in HEPA are the lack of availability of parents, more interest in Social Media and computer-based gaming;
- f).** staff from the schooling sphere underline there is the need to put HEPA at the core of the societal agenda to generate a "HEPA-minded" culture.

### **RECOMMENDED POLICY ACTIONS**

The framework for policy action is considered by all expert to be holistic, local (e.g., neighbourhoods *Mahallesi*) and city levels (Büyükşehir Belediyesi), and not address the specificities of HEPA only, considering the very particular nature of PwD needs. To that end, IAAD considered in the discussion the current platform of the project which is organised around 4 specific pillars or dimension: health and care, nutrition and diets, physical activity (HEPA) and sport and fitness.

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

- a).** HEPA-centered programmes should be created together with nutrition plans, and most importantly engage all stakeholders, to ensure that children and young people are fed with healthy foods by reducing their nutrition with unhealthy foods and sugary drinks;
- b).** children and young people should be supported to do practice more physical activity outside of the schooling sphere to facilitate preventing their sedentary lives;
- c).** guidelines for the parental sphere should be produced, engaging all stakeholders, to ensure that children grow up with healthy eating, sleep and physical activity habits from early childhood, possibly non computer-based serious games as well;
- d).** healthy school environment should be promoted and supported by all stakeholders in a systemic way, healthy nutrition literacy should be integrated in formal educational programmes, and physical activity guidelines should be created for school age children and youth, especially considering activities

external to the schooling sphere or year;

- e). family-based, versatile services aiming to regulate the lifestyle should be established for obese children and adolescents via a public-private cooperation plan engaging all relevant stakeholders, and more importantly the children themselves (as direct beneficiaries).

The guidelines for the parental sphere (point c) is one of the component of the present project activity in Turkey, which centred the most important attention. This is also linked with the fact that IAAD is cross-linking BSPORT+ with all other current projects, e.g., 'Fit for Kids' and 'MigrART', thus they aim at the same objectives, and specially for 'MigrART', a better social inclusion process for children subject to obesity.

These developing guideline comprise the observations developed below.

**Nutrition** – It is necessary to provide only breastfeeding for the first 6 months after birth. Starting from the sixth month with appropriate complementary nutrition (vegetable-fruit-cereal) and providing breast milk for at least 2 years is one of the most important factors in preventing obesity. Adding red meat, chicken and fish to the vegetable, fruit and cereal group in a first age diet; Not giving sugary drinks and foods containing salt are also protective factors from obesity. Avoid ready-made food and can food in the first years.

**HEPA** – Children must lead an active life during the day. Not using vehicles for short distances, walking, using bicycles, and not using elevators are the factors that enable you to be active during the day. Keeping screen time under control, not allowing children to watch television, tablet, mobile phone or computer in the first 2 years of age; After the age of 2, screen exposure should not exceed 2 hours a day, food should not be eaten in front of the television and screen, and television, mobile phones and tablets should not be kept in the children's room.

## **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 all stakeholders of 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 stakeholders of 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 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 stakeholders' round tables;
- 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 Programı'<sup>7</sup> (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.

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<sup>7</sup> [Sağlıklı Yaşam Yolculuğu Programı](#), *Migros Ticaret SA, October 2017*

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## Who we are

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