IV. International Sport Sciences Conference, Békéscsaba

IV. Békéscsabai Nemzetközi Sporttudományos Konferencia

CAN SCHOOLS PREVENT CHILDHOOD OBESITY?

AZ ISKOLÁK MEGÁLLÍTHATJÁK AZ ELHÍZÁST?

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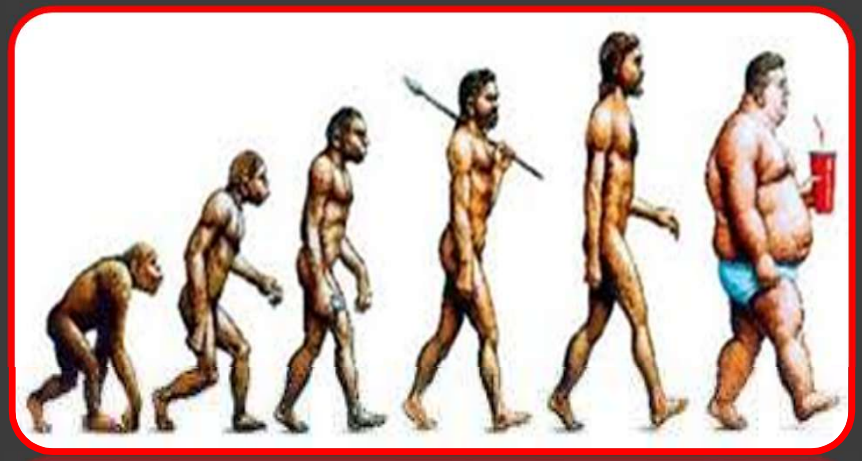
University of Novi Sad
Gál Ferenc University

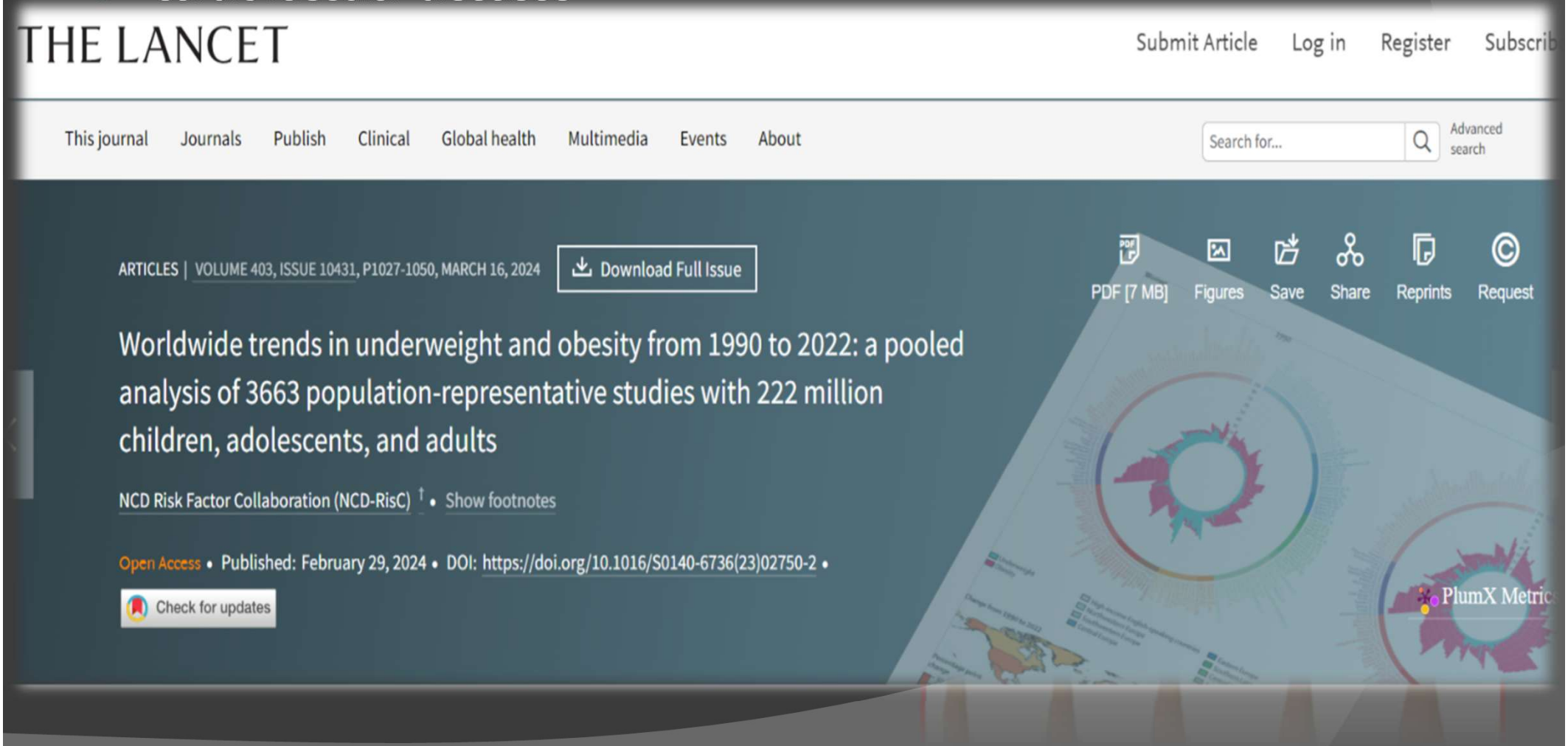
Békéscsaba, Hungary

12th September 2025



Consequences of obesity

- metabolic complications
- cardiovascular diseases



WHO European Childhood Obesity Surveillance Initiative (COSI)
A brief review of results from round 6 of COSI (2022-2024)

Fig.1. Description of countries participating in the COSI, by round of data collection

ROUND 1 (2007–2008)	ROUND 2 (2009–2010)	ROUND 3 (2012–2013)	ROUND 4 (2015–2017)	ROUND 5 (2018–2020)	ROUND 6 (2022–2024)
1. Belgium[a]	1. Belgium[a]	1. Be			
2. Bulgaria	2. Bulgaria	2.			
3. Cyprus	3. Cyprus	3.			
4. Czechia	4. Czechia	4.			
5. Ireland	5. Ireland	5.			
6. Italy	6. Italy	6.			
7. Latvia	7. Latvia	7.			
8. Lithuania	8. Lithuania	8.			
9. Malta	9. Malta	9.			
10. Norway	10. Norway	10.			
11. Portugal	11. Portugal	11.			
12. Slovenia	12. Slovenia	12.			
13. Sweden	13. Sweden	13.			
	14. Greece	14.			
	15. Hungary	15.			
	16. North Macedonia	16.			
	17. Spain	17.			
		18.			
		19.			
		20.			
		21.			
		22.			
			34. Poland	34. Slovenia	34. Romania (ROM)
			35. Russian Federation[b]	35. Spain	35. Russian Federation (RUS)
			36. Serbia	36. Sweden	36. San Marino (SMR)
			37. Slovakia	37. Tajikistan	37. Serbia (SRB)
			38. Tajikistan	38. Türkiye	38. Slovakia (SVK)
			39. Turkmenistan	39. Turkmenistan	39. Slovenia (SVN)
				40. Armenia	40. Spain (SPA)
				41. Azerbaijan[c]	41. Sweden (SWE)
				42. Bosnia and Herzegovina[c]	42. Tajikistan (TJK)
				43. Germany[d]	43. Türkiye (TUR)
				44. Israel	44. Turkmenistan (TKM)
				45. Uzbekistan[c]	45. Uzbekistan (UZB)
					46. Luxemburg (LUX)
					47. Switzerland (SWI)
					48. Ukraine (UKR)

Text in red: *countries that participated in COSI for the first time.*

Text in bold: *countries that collected data during the time period of the listed data collection round.*

[a] Data were collected only in Flanders.

[b] Data were collected only in Moscow (rounds 4 and 5, RUS–MS) and Yekaterinburg (round 5, RUS–YK).

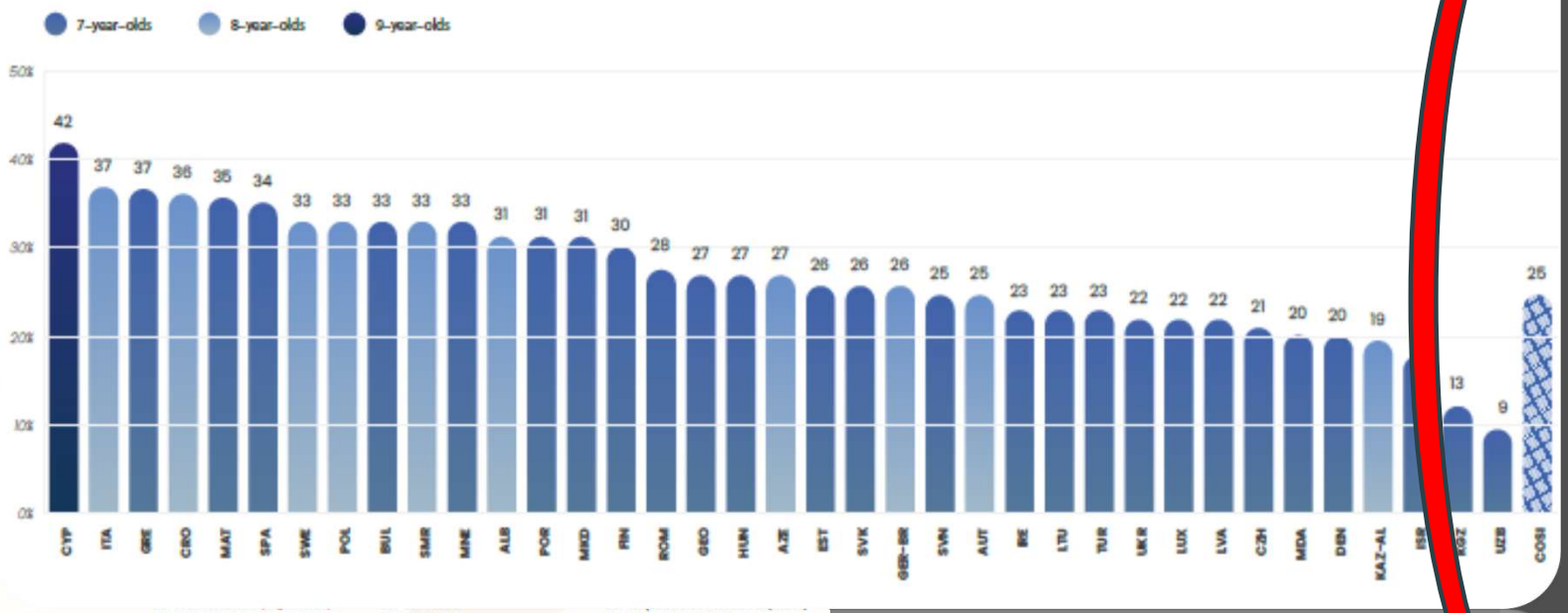
[c] Data collection was disrupted by the COVID-19 pandemic and hence could not take place.

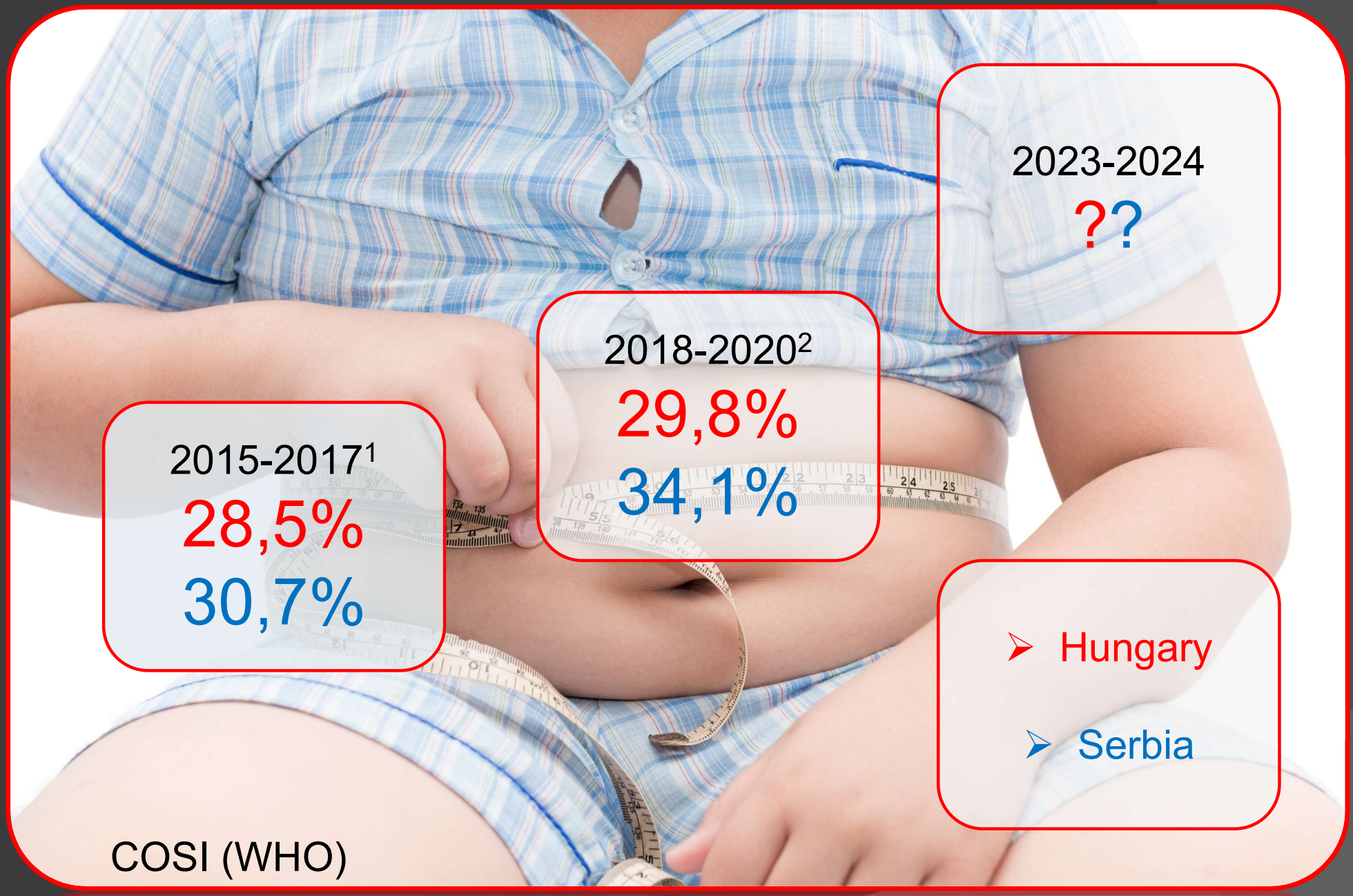
[d] Data were collected only in the Bremen federal state (GER–BR).

[e] Data were collected only in Almaty (KAZ–AL)

[f] Due to difficulties encountered during the data collection process, the number of children measured is insufficient to estimate the prevalence of overweight and obesity in accordance with the COSI Protocol.

Fig.3. Prevalence of overweight (including obesity) in children aged 7–9 years (%); COSI round 6 (2022–2024)





1WHO European Childhood Obesity Surveillance Initiative (COSI) - Report on the fourth round of data collection, 2015-2017
2WHO European Childhood Obesity Surveillance Initiative (COSI) - Report on the fifth round of data collection, 2018-2020

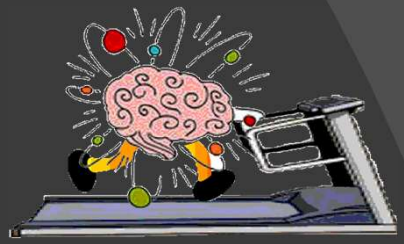
Healthy nutrition

Young child „tabula rasa”

Balanced nutrition

Avoiding food high in sugar, flour, and high processed ingredients

Physical activity



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Enabling policy, legal and institutional environments
Main points
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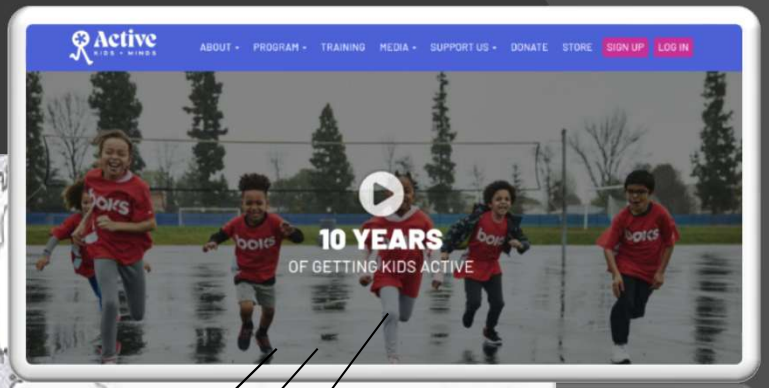
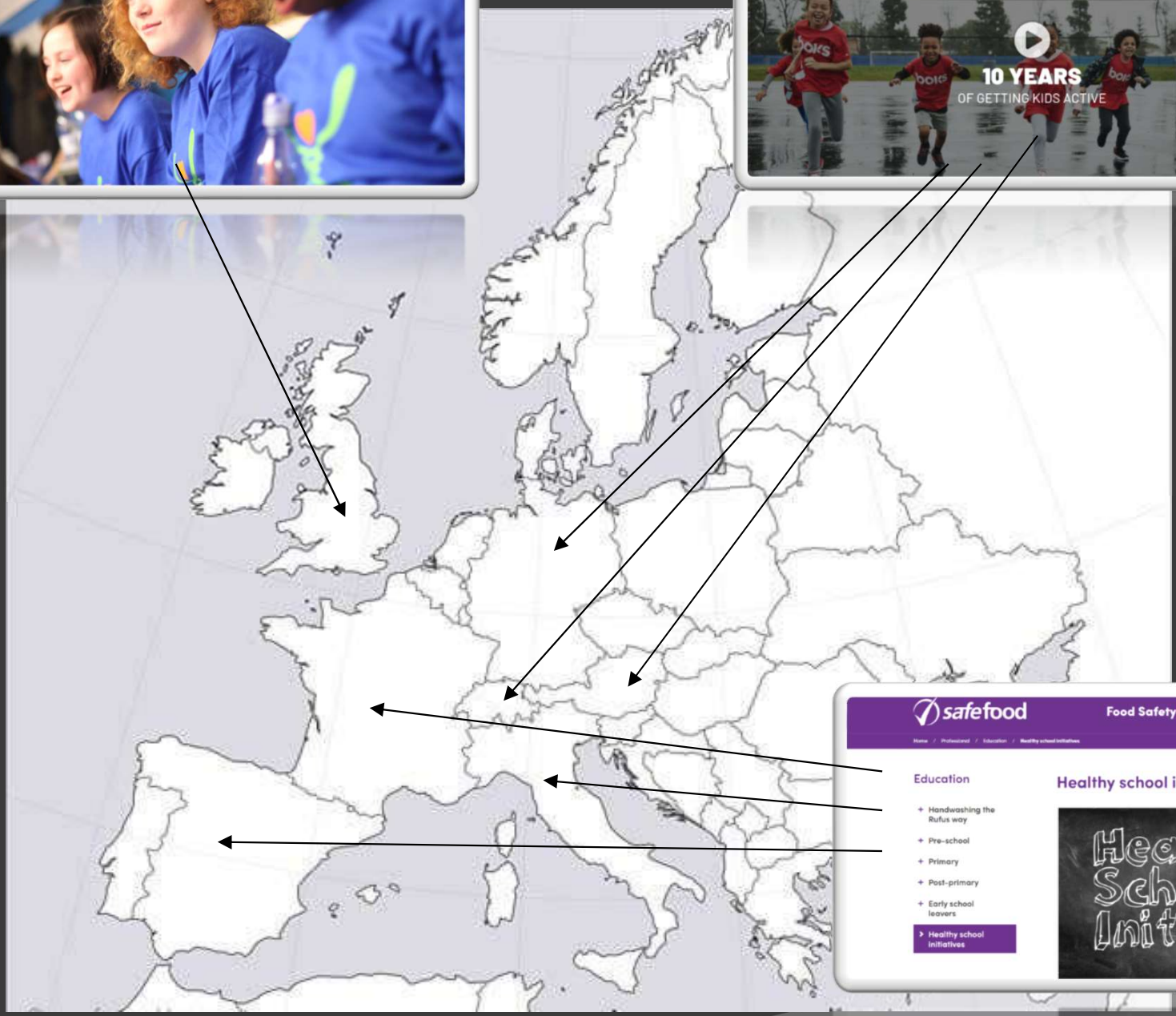
What we do
For Teachers
For Parents
News
About us
Support us
Shop
Overview
How we deliver preventative health education
Where we provide education
Our Impact
How we impact children's lives
Evidence based reports
Batch and pack recipes for school lunch boxes

mend
about us
our research
our partners
what we offer
shop programs
customer portal


Active
ABOUT
PROGRAM
TRAINING
MEDIA
SUPPORT US
DONATE
STORE
SIGN UP
LOG IN
10 YEARS
OF GETTING KIDS ACTIVE



safefood
Food Safety
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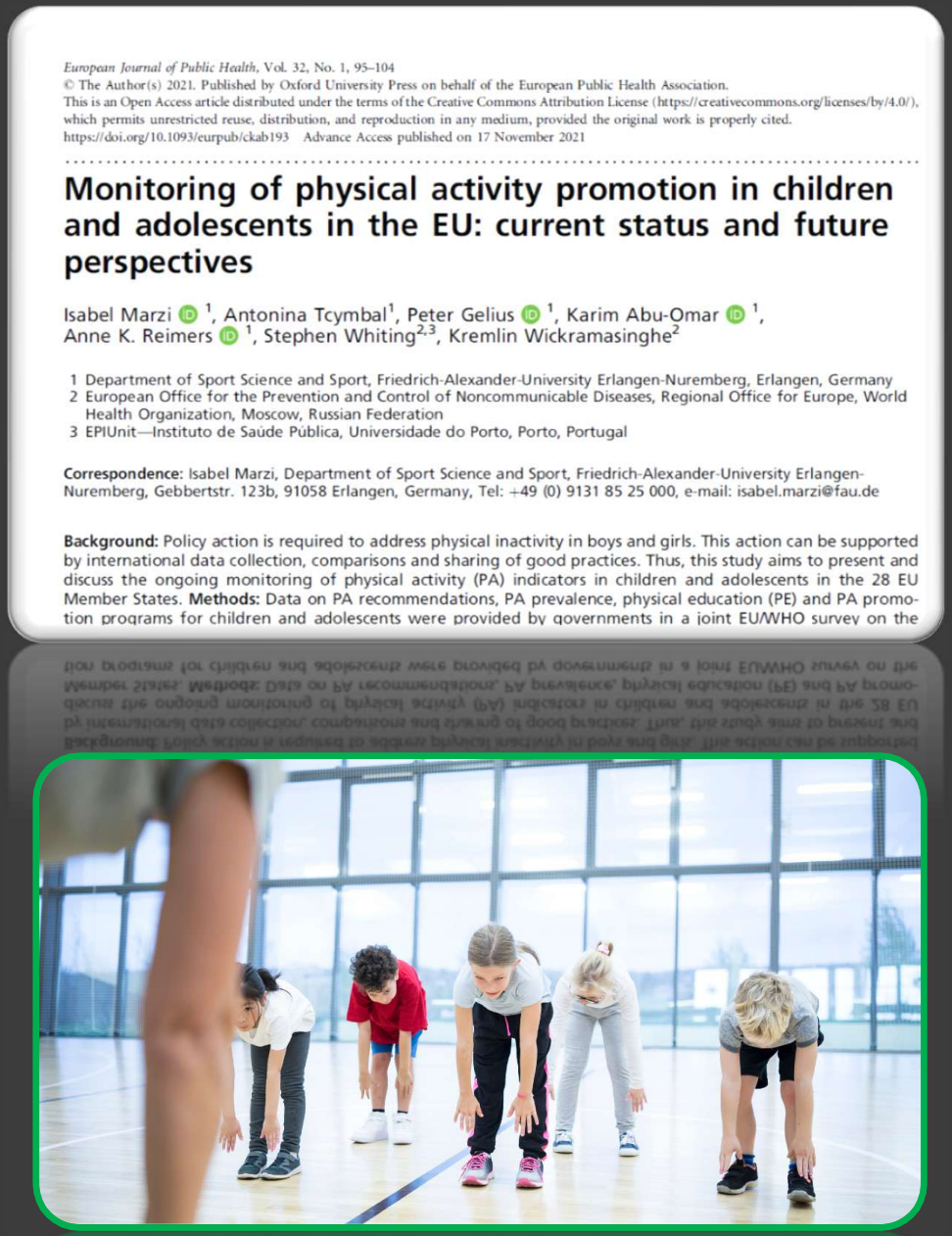
Education
Handwashing the Rufus way
Pre-school
Primary
Post-primary
Early school leavers
Healthy school initiatives
Healthy school initiatives
Healthy School Initiatives



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Monitoring of physical activity promotion in children and adolescents in the EU: current status and future perspectives

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Background: Policy action is required to address physical inactivity in boys and girls. This action can be supported by international data collection, comparisons and sharing of good practices. Thus, this study aims to present and discuss the ongoing monitoring of physical activity (PA) indicators in children and adolescents in the 28 EU Member States. **Methods:** Data on PA recommendations, PA prevalence, physical education (PE) and PA promotion programs for children and adolescents were provided by governments in a joint EU/WHO survey on the

- PE is part of school curriculum in every state of the EU
- PE classes are predominantly mandatory (75,0%)
- The number of PE classes range from zero (Luxemburg 1st grade) to five (Hungary)
- On average 2-3 PE classes/week

Comparison of Physical Education Systems: Hungary vs. Serbia

Category	Hungary	Serbia
Subject	Physical Education and Health Development (2020)	Physical Education and Health Education (2017)
Grades 1-4	5	3
Grades 5-8	5	3.5
Grades 9-12	5	2
Development areas	Development of movement culture; Development of motor abilities; Formation of motor skills – motor learning; Games; Competitions; Prevention and lifestyle; Healthy physical development, health promotion	Motor abilities; Motor skills; Sports and sport disciplines; Physical and health culture
Motor performance monitoring system	National Unified Student Fitness Test (NETFIT) (2013)	Guide for monitoring students' physical development and motor abilities (2016)
Teacher education	10, 11, or 12 semesters	8-semester bachelor's + 2-semester master's program
Main topics	Gymnastics and order exercises, Athletics-type tasks, Gymnastics-type tasks, Sports games, Folk games, Self-defense, Alternative environment activities, Swimming, Therapeutic PE	Athletics, Gymnastics and order exercises, Gymnastics, Basics of team and sport games, Dance and rhythmics, Swimming, Alternative environment activities

Fig.5. Changes in prevalence of overweight (including obesity) in boys aged 6–9 years between COSI round 5 (2018–2020) and round 6 (2022–2024)

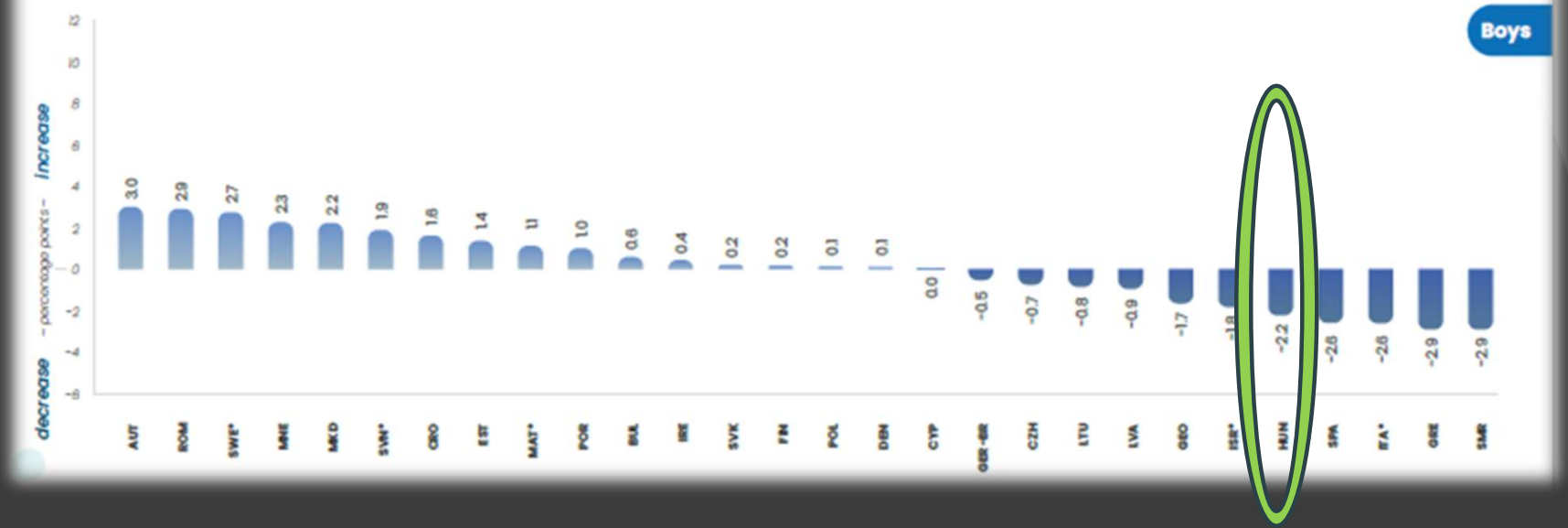
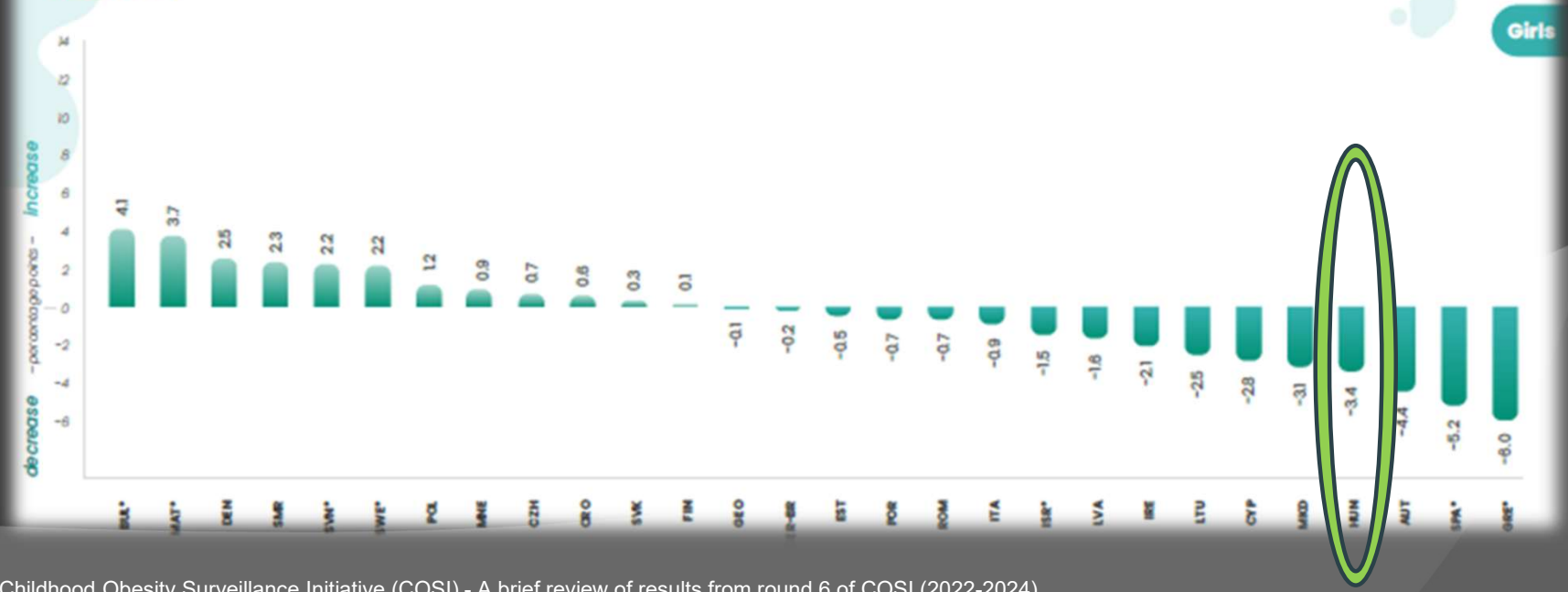


Fig.6. Changes in prevalence of overweight (including obesity) in girls aged 6–9 years between COSI round 5 (2018–2020) and round 6 (2022–2024)



Every programme is tailored to the specific needs and priorities of the target group and may include cooperation between government agencies, schools, healthcare providers, non-profit organizations, and community groups to promote holistic well-being and support healthier lifestyles for children.

"The greatest value is not merely to live, but to live well." (Socrates, 469–399 BC)

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Recommendations

1. Teaching healthy eating habits
2. Encouraging physical activity
3. Providing healthy meal options
4. Raising awareness

Recommendations

5. Active breaks

6. Healthy role models

7. Promoting active transport options

8. Monitoring and evaluation

Thank you for your attention!

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