

HOW TO ACT?

It is necessary to act not only on the knowledge of children and adolescents but also on all the factors that influence their diet.



AT THE INDIVIDUAL LEVEL

- Food preferences and pleasure
- Autonomy
- Beliefs, attitudes, values, perceptions
- · Knowledge, skills



EDUCATIONAL COMMUNITY

• Teachers, parents, peers, etc.





LIVING ENVIRONMENT

- Advertising
- Cultural norms.
- Media influence
- Recreational facilities, parks
- Information available.
- Food accessibility (cost, availability)
- Workplaces, schools



SYSTEM. LAWS. POLICIES

Governing health, food, food industry, media

5 PARLIAMENTARIANS COULD:

- A. Influence laws and policies that promote healthy eating and physical activity for children and adolescents:
- By requiring an end to the advertisement of foods high in fat, sugar and salt that condition children to make unhealthy choices.

- By demanding the elaboration of standards for the preparation of foods for sale in schools and prohibition of the sale of foods high in sugar or salt in schools.
- By encouraging the development of an integrated national school health strategy that puts an accent on nutrition education.
- By promoting the cultivation, production and marketing of good quality foods (regulation of pesticide use, quality control of manufactured and imported foods, etc.).
- B. Contribute to increasing the awareness of communities and other stakeholders:
- By acting as ambassadors for healthy eating and physical activity to government and local authorities, the media, and in community actions throughout the country.
- By Including a nutrition program in political party manifestos.
- C. Encourage scientific research on nutrition and food systems related problems:
- By demanding the allocation of more funding for health and nutrition research local foods and culinary practices.











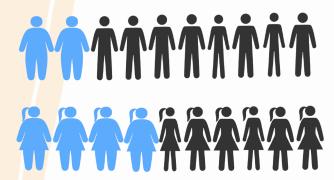
NUTRITION EDUCATION IN SCHOOLS IN CAMEROON

Adressing the double burden of malnutrition and obesity

What can parliamentarians do?

- 30% of the population (22% of men and 37% of women is overweight or obese.
- 18% of girls aged 15 to 19 years are overweight or obese.

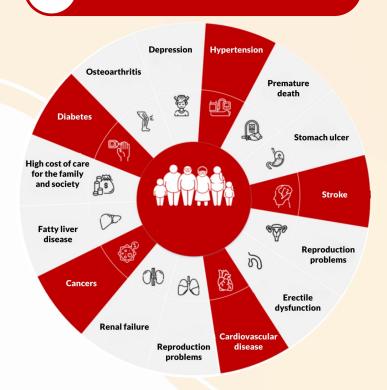
2 men out of 10 are overweight or obese.



4 women out of 10 are overweight or obese.

- The prevalence of **Obesity** in the Cameroonian adult population has increased from 5% in 2000 to 10% in 2016 (5% in men and 14% in women). If nothing is done, this prevalence will increase to 20% in 2025.
- The prevalence of diabetes among adults has tripled in 20 years (2% in 1998 and 6% in 2018).
- 31% of the population (1 in 3 adults) has hypertension.

OBESITY AND ITS CONSEQUENCES



The consequences of overweight and obesity



- **Obese children** are **more likely** to develop **asthma or hypertension**. They have an impaired quality of life and a reduced life expectancy.
- Obesity increases the risk of developing a severe form of COVID-19 by 30%.

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NUTRITION EDUCATION

Poor eating habits and physical inactivity are they main causes of NCDs.

There is an urgent need to change eating habits and promote physical activity at the individual, family and community level..

"**NUTRITION EDUCATION** is a set of educational strategies that can be implemented at different levels, aiming to help populations achieve positive and sustainable changes in their eating behaviors"

Nutrition education must be provided from childhood onwards:

- Childhood and adolescence are the developmental phases of the individual; during which the lifestyle habits that will influence health and well-being in adulthood are developed. Good eating habits acquired during this period will be maintained in adulthood.
- Establishing healthy behaviors during childhood and adolescence is easier and more effective than trying to change unhealthy behaviors and treat diseases in adulthood.
- School is an ideal setting to teach and empower students to improve their eating behaviors.