**MAJOR FACTORS TO BE CONSIDERED IN THE DEVELOPMENT OF PREVENTION OVERWEIGHT AND OBESITY AMONG CHILDREN AND ADOLESCENTS IN VARIOUS COUNTRIES**

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Obesity in children and adolescents is one of the urgent problems of modern health care. In almost all regions of the world the number of sick children is growing steadily and is doubled in thirty years. Currently in developed countries and 25% of adolescents is overweight, and 15% were obese. Obesity causes a number of concomitant diseases, treatment of which is expensive. Therefore, the main task is prevention. In the implementation of the prevention of overweight among adolescents must take into account that it should be carried out:

- In various target groups;

- In a variety of conditions, such as work, school, the commercial sector, the health sector;

- Using a variety of approaches, such as health education, community development .or use of the media, environmental change, policies or infrastructure;

Thus, you need to answer three basic questions: who, where and how it should carry out prevention of overweight among children.

According to the model specified in the Global Strategy of WHO on Diet, Physical Activity and Health [1], the target groups can be distinguished on the basis of stages of the life cycle: it begins with the mother's health and nutrition in the prenatal period, and further includes the outcome of the pregnancy, feeding baby, children preschool and school age, adolescents, adults. These groups, in turn, divided into subgroups by gender, socio-economic, racial, ethnic origin, income level; all affect the nature of the approaches used and their scope of prevention [2-3]. His role in improving the diets and patterns of physical activity can play in every: health professionals, schools, employers, farmers, food manufacturers, retail, catering, media, local and central authorities, and, of course, consumers. For interventions to enhance the health of children and adolescents there are two main uses: health services: family doctors, specialists specialized clinics, field health workers, as well as schools and social institutions (for health education and for the practical interventions); Medical workers occupy a key position and can influence both their patients and to a wider audience. Schools and social facilities such as nurseries, kindergartens, provide valuable opportunities to influence people's habits in catering. While most attempts to introduce programs to prevent obesity initiatives carried out on the basis of schools, nurseries and pre-schools also provide opportunities for early intervention in children by allowing affect both themselves and their families through the introduction of positive behavior habits.

Interventions carried out by the commercial sector, so far have not been well studied. However, information on the effectiveness of their impact on the behavior and choice of products can be obtained in large companies, and manufacturers and retailers, both large and small, can support strategies to promote health by changing products, prices, products, marketing and labeling [4 ]. The role of the catering sector is also high, given the tendency to food intake outside the home. Construction of bicycle and hiking trails, sports facilities and places for leisure activities can contribute to reducing the prevalence of obesity. Approaches to Intervention - are methods (or channels) used for change in the target groups or different conditions of use. In Examples media, text, training, consulting, creation of partnerships, local projects, community development and advocacy [5].

**Conclusions:** Public health strategies for the prevention of obesity should aim to cover all levels - individual, community, and political - through work in different target groups such as children, adolescents, pregnant women and people with low incomes, in different environments: family, school, as well as in the commercial sector and health care.

1. US Department of Health and Human Services. The Surgeon General’s call to action to prevent and decrease overweight and obesity. Rockville, MD, United States Department of Health and Human Services, 2001 .

2. Damon S et al. PRESTO – prevention study of obesity: a project to prevent obesity during childhood and adolescence. Acta Paediatrica, 2005, 94(Suppl. 448):47–48.

3. Knai C. Evidence briefing for the WHO/EURO obesity task force: evidence on the effectiveness of interventions and policies to prevent and control obesity. Copenhagen, WHO Regional Office for Europe, 2005.

4. Swinburn B et al. Obesity prevention: a proposed framework for translating evidence into action. Obesity Reviews, 2005, 6:23–33.

5. Lobstein T. Comment: preventing child obesity – An art and a science. Obesity Reviews, 2006, 7(Suppl. 1):1–5.