SLOVAKIA

PREVALENCE (%) OF ADOLESCENTS REACHING THE RECOMMENDED PHYSICAL ACTIVITY LEVELS, 2009/2010

<table>
<thead>
<tr>
<th>%</th>
<th>11 YEARS</th>
<th>13 YEARS</th>
<th>15 YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALES</td>
<td>30</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>FEMALES</td>
<td>22</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>

Total population: 5 421 349
Median age: 38.6 years
Life expectancy at birth males: 72.9 years
Life expectancy at birth females: 80.1 years
GDP per capita: €13 300
GDP spent on health: 8% (1)
Monitoring and surveillance

Physical activity in adults

Slovakia does not currently have a health monitoring and surveillance system that includes population-based measurements of physical activity among adults. Neither does the country have national recommendations on physical activity.

According to a Eurobarometer study from 2014 (2), 17% of adults reported that they engage in vigorous-intensity physical activity on at least 4 of the last 7 days, with 83% of those exercising for more than 30 minutes each time. Moreover, 19% of adults reported that they carried out moderate-intensity physical activity on at least 4 of the last 7 days, with 73% of those exercising for more than 30 minutes each time.

WHO Global Health Observatory (GHO) data from 2010 for the Slovak adult population (aged 18+ years) (3) show that 80.8% meet WHO’s Global Recommendations on Physical Activity for Health (2010) (4), with males being more likely (83.2%) to meet the recommended physical activity levels than females (78.6%).

Physical activity in children and adolescents

Physical activity levels in Slovak adolescents are measured through the Health Behaviour in School-aged Children (HBSC) study. According to the 2009/2010 HBSC study (5), adolescent boys (aged 11–15 years) are significantly more active than girls of the same age group. In particular, girls are less likely to participate in physical activity as they grow older. In girls, the highest levels of physical activity were found among those aged 11 years (22.0%) and in boys, among those aged 11 and 13 years (both 30.0%) (see Table 1).

Table 1: Prevalence (%) of adolescents reaching the recommended physical activity levels, 2009/2010

<table>
<thead>
<tr>
<th>%</th>
<th>ADOLESCENTS</th>
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<tr>
<td></td>
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<td>30</td>
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<td>22</td>
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</tbody>
</table>

Source: Currie et al., 2012 (5).

The WHO GHO 2010 estimates for Slovak adolescents (defined as aged 11–17 years in relation to WHO data) show that 22.6% meet the WHO recommended physical activity levels for health. The proportion of physical activity at the recommended level is higher in boys than in girls (27.1% versus 18.4%).
Policy response

Major policy documents adopted by government bodies

The Slovakian Ministry of Education, Science, Research and Sports adopted the National Sports Strategy in 2012, which emerged from a strategic document on Slovak sports until 2020 (6). This includes provisions for strengthening elite, competitive sports, improving the sports and health field in general, and focusing on children and youth school sports.

The National Strategy for the Development of Cycling Transport and Cycle Touring in the Slovak Republic (7) was created in 2013 by the Ministry of Transport, Construction, and Regional Development. It focuses on issues such as transport, sports, safety and urban planning, with a particular focus on improving cycling infrastructure nationwide.

According to Act No. 1/2014 on Organising Public Sports Events, the Ministry of Education, Science, Research and Sports annually opens funding calls under the project “Health and Sports” (8). The projects supported by these funds are primarily aimed at organizing health-enhancing physical activity (HEPA) and sporting activities for children and youth, to encourage them to be active in their spare time. In 2014, 23 projects were supported financially by these grants (of up to €250 000).

Guidelines and goals

Slovakia has not yet finalized any recommendations on physical activity. Table 2 presents a summary of the key measures in place to monitor and address physical activity in the country.

Table 2. Summary of key physical activity initiatives in Slovakia

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>SPORTS</th>
<th>EDUCATION</th>
<th>TRANSPORT</th>
<th>MONITORING</th>
<th>GUIDELINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
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</table>

Additional information on action in key areas

Physical activity and sports in schools

It is mandatory for primary schools to provide 8 hours per week of physical education (PE) for children. In secondary schools, PE and sports are taught for 10 hours per week.

PE and sports are subject to the state educational guidelines established by a department of the Ministry of Education, Science, Research and Sport that is responsible for “health and motion” (9, 10). The guidelines are designed with a focus on lifelong physical activity for health. The key aim is to promote regular physical activity as an important basis for a healthy lifestyle.
Coordinating body
In line with the European Council Recommendation on promoting HEPA across sectors (2013) (11) the Public Health Authority of the Slovak Republic was appointed as a focal point in Slovakia and is therefore entrusted with monitoring physical activity at national level for the general public and facilitating cross-sectoral cooperation. The Public Health Authority is also part of the European Union Physical Activity Focal Points Network.

Physical activity counselling and advice
Since 2007 the Public Health Authority provides counselling services to promote HEPA and advise on physical activity matters, nationwide (12).

Successful approaches
“Challenge your heart to motion” campaign
This internationally coordinated campaign in Slovakia aims to increase physical activity among the adult population. By means of competition, it encourages the population to include at least 30 minutes of physical activity into their daily leisure time and to lead healthier lives. The challenge is to improve health status and reduce morbidity and mortality from chronic noncommunicable diseases by being more physically active in order to eliminate one of the most significant risk factors (13). The 6th year of the campaign took place from 23 March to 14 June 2015. The contest is organized by regional public health authorities within the framework of the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) health monitor programme and with the support of WHO (14). The main sponsor is the Regional Public Health Authority in Banská Bystrica. Over the years, the participants joining this campaign have significantly increased their activity levels; many of them have lost excess weight and most of them began to feel better as a direct result of regular physical activity. The statistical data collected are currently being analysed.
References


