YOUnite

Holistic programme fostering the integration of overweight and adipose youth healthy into the labour market

INSTRUCTIONS FOR TRAINERS

NUTRITION MODULE

YOUnite

Table of Contents

HEY. I'm prepared!

HEY. I'm qualified!

1. INTRODUCTION

The first three chapters of this Module contain essential instructions and guidelines that are consistent across all six Modules developed within the YOUnite Programme. If you have already reviewed these sections in another Module, you may proceed directly to the Module-specific content. However, we recommend revisiting these chapters if you need a refresher or are new to the YOUnite training materials.

The Instructions for Trainers is a supporting document for the Training Modules developed as part of the YOUnite project, designed to assist trainers, youth workers, and counsellors in working with young people with overweight and obesity, and those at risk of becoming so. The Module activities can be downloaded from the **YOUnite website**.

YOUnite is a project aimed at helping adolescents with overweight and obesity to overcome challenges and improve their employability. Supported by the Erasmus+ programme, the YOUnite project has developed an engaging Training Programme that builds up self-confidence and helps young people cope with socio-economic difficulties and potential sources of discrimination. The objective of the Modules is to provide young people with little prior knowledge in this field the first steps towards a healthier lifestyle, both physically and mentally.

The specific target group for the Training Modules includes young people aged 15 to 24, in particular those who are marginalised or disadvantaged such as NEETs (those not in employment, education, or training) with overweight or obesity. However, the materials can also be used as a preventive tool for young people at risk of overweight or obesity, or to raise awareness about the potential challenges associated with these conditions.

The YOUnite project partners have developed six Training Modules covering Health/Medicine, Nutrition, Sport, Stress, Awareness, and Employability. These Modules are based on non-formal education practices, designed to boost the self-confidence of young people as they prepare to enter the labour market. The Modules can be implemented as a complete programme (all six Modules) or selected individually to suit different needs and circumstances, offering flexibility and adaptability

The Training Programme was first piloted in the summer of 2024 in Austria, Finland, Hungary, and Poland, where youth coaches, trainers, and young participants tested the various Modules. Based on their feedback and evaluations, the materials were refined to enhance their practical application.

Each Module includes detailed activity descriptions necessary for planning and execution, while the **Instructions for Trainers** provides additional, complementary resources.

These instructions are designed to support trainers and teachers who work with youth on a daily basis, equipping them with the tools and knowledge they need to effectively lead the training programme. They are user-friendly and accessible, meaning no prior expertise on the topic is required.

Whether new to the subject or looking to deepen your understanding, these guidelines will help you confidently deliver the Modules and engage with youth in a meaningful way.

The Instructions for Trainers also aim to equip youth workers and trainers with insights into the specific challenges faced by young people with overweight and obesity. Additionally, it seeks to combat weight stigma by promoting weight-inclusive language that fosters a more empathetic and effective approach to health, nutrition, and wellness.

The instructions provide an overview of key considerations for trainers, including how to empower and interact with vulnerable adolescents, particularly those who have not previously engaged with the topic, and how to ensure a supportive and inclusive environment.

2. OBESITY AS A SIGNIFICANT GLOBAL ISSUE

In the European Union (EU), weight problems and obesity are increasing at a rapid rate. In 2019 52.7% of the adult (over 18 years old) EU's population was overweight according to the Eurostat data [1]. Obesity is a serious health problem, it is considered as one of the key risk factors for many non-communicable diseases (NCDs) such as diabetes, hypertension, stroke and cardiovascular diseases [2]. Overweight and obesity are linked to more deaths worldwide than underweight. According to the WHO European Regional Obesity Report in 2022, obesity and overweight problems affected almost 60% of adults and nearly one in three children (29% of boys and 27% of girls) in the WHO European Region [3].

Obesity as a medical condition has direct and indirect effects as well. This medical problem has an undeniable effect on health conditions. Obesity in children and adults increases the risk of several health related problems, such as high blood pressure and high cholesterol which are risk factors for heart disease, type 2 diabetes, breathing problems (asthma, sleep apnea), joint problems such as osteoarthritis and musculoskeletal discomfort. The previously mentioned problems are also associated with psychological problems (anxiety, depression), low self-esteem and lower self-reported quality of life, social problems (bullying, stigma), and for children with obesity there is a high risk for being obese as adults [4].

Besides obesity's effects on health conditions it also has an economic impact. Obesity is responsible for direct medical costs and non-medical costs.

Direct medical costs may include preventive, diagnostic, and treatment services. Indirect costs relate to sickness and death and include lost productivity.

In the EU, the trend is that annual obesity-related medical care costs account for between 1.9% and 4.7% of the total annual health care costs and 2.8% of the annual hospital costs. Health care expenditures for individuals with overweight and obesity were 9.9% and 42.7% higher, respectively, when compared to adults with healthy weight [5].

Furthermore, there is substantial evidence that people with obesity are less likely to be employed and, when employed, earn lower wages. Overweight and obesity are barriers in the labour market and for professional success (World of Labour, Susan L. Averett) [6].

3. GENERAL GUIDANCE AND UNDERLYING METHODOLOGY TO CONDUCT THE TRAINING: BI-CYCLE MODEL, WAYS TO ENGAGE WITH THE TARGET GROUP, RECOMMENDATIONS TO LEAD THE ACTIVITIES

The purpose of the Training Programme is to introduce young people to the topic and make them more adaptable and better able to join the labour market, and not to 'cure obesity', which is a long-term undertaking. The main focus is on labour market integration rather than health training.

The methods used by trainers may vary, as they come from different backgrounds, have different experiences, and professional profiles. The most important aspect is that the training itself is supposed to be entry-level training to encourage participants to pursue further self-improvement.

> *The Bi-cycle Model can be thought of like a bicycle, two wheels moving at the same time and influencing each other in their movement. The big wheel represents the motivational and relational aspect of the training process, while the small wheel represents the various ways trainers can provide support to the group, such as by giving information, making suggestions, or facilitating activities. Both wheels are essential to keep the training moving forward smoothly.*

A model that served as the basis for the Training Modules methodology is the Bi-cycle Model, presented by SALTO Youth Initiatives Resource Centre [7]. However, the model was modified to better suit the specific needs and purposes of the Training Programme. The methodology aims to provide guidance for the main training phases and will assist in managing the training process during the implementation of the Training Modules.

The Bi-cycle Model has the following phases:

- motivating;
- getting to know;
- building the relationship;
- identifying needs and competences;
- supporting;
- evaluating;
- keeping contact and feedback.

EVALUATING

SUPPORTING

KEEPING CONTACT AND FEEDBACK

Motivating

Getting to know

Training

Informing

Facilitating

Suggesting

Other

Identifying needs and competencies
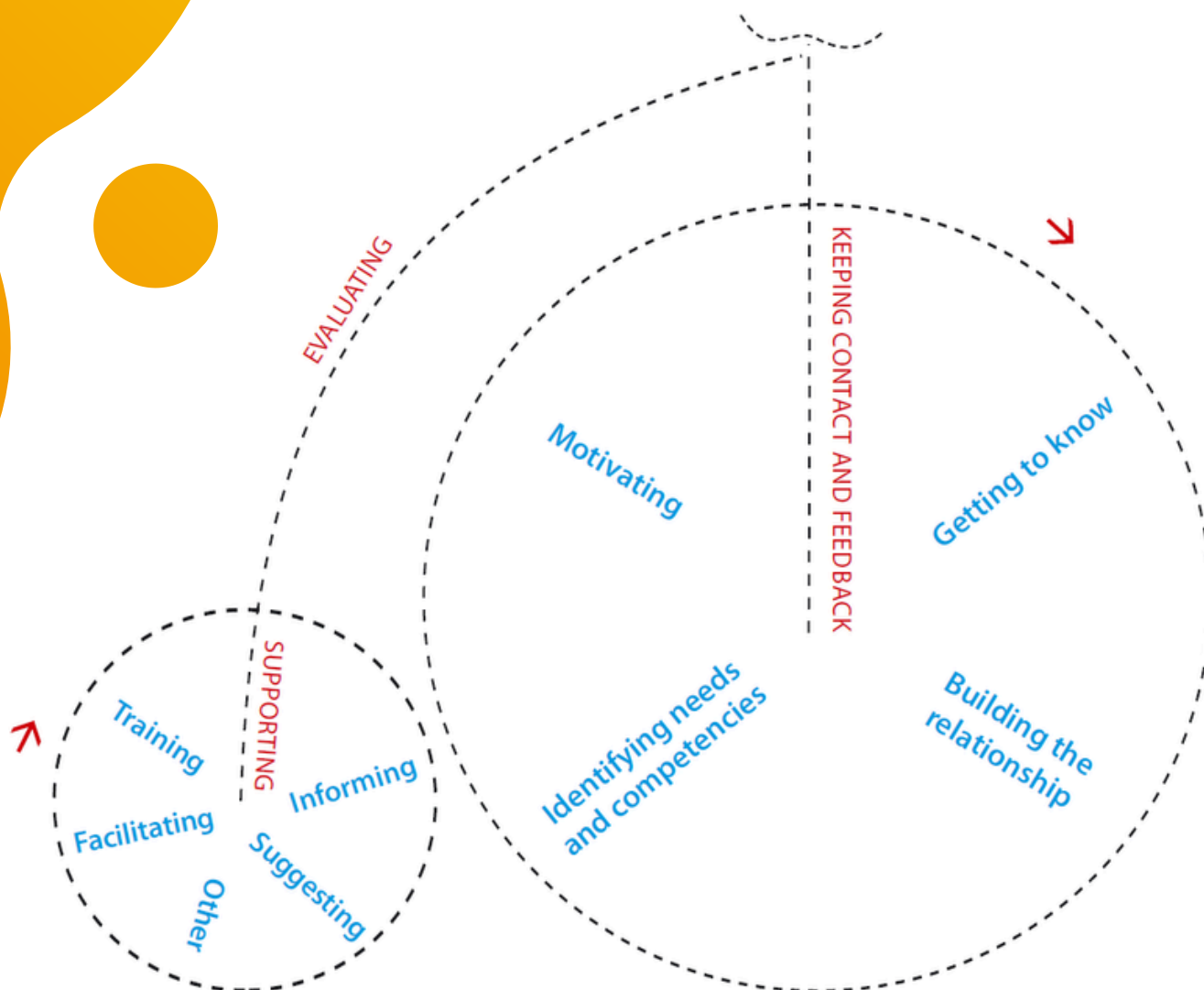
Building the relationship

**Figure 1. Bi-cycle model. Source: SALTO
Youth Initiatives Resource Centre (2006)**

Trainers play a pivotal role in achieving the objectives of the Training Module as they are the ones who undertake the crucial work represented by the bigger wheel. The expertise and guidance provided by trainers are essential. Trainers act as the driving force behind the implementation of the Module, guiding participants towards successful integration into the labour market.

In simple terms, the small wheel represents what occurs during the training, while the larger wheel illustrates how it is happening, with a focus on group dynamics.

**To understand the model, we have to go through each phase
that is in the bigger, front wheel.**

Motivating

Trainers are instrumental in inspiring and maintaining the focus of participants throughout the implementation of the Training Module. To effectively motivate young people, put yourself in their position: *what would inspire and energise you if you were part of the group?* Consider these elements to enhance motivation:

- **A safe, healthy environment (physical).** Ensure that the training space is comfortable and conducive to learning.
- **A nurturing environment (emotional).** Foster a supportive atmosphere where participants feel valued and understood.
- **Positive, respectful, and supportive relationships.** Build trust with the group by showing genuine care and respect as their trainer.
- **Setting realistic and achievable goals.** Help participants set attainable objectives that they can work towards, which will provide a sense of accomplishment.

Getting to know

Trainers facilitate the process of getting to know the group of participants who take part in the training. In this stage, the trainer focuses on understanding the participants' backgrounds and experiences.

This involves creating a welcoming and safe space where young people feel comfortable sharing their personal stories, challenges, and aspirations, ensuring a deeper understanding of individual needs. Try to get as much information as possible at the beginning of your training process to have a clear picture of the young people you will work with and the tasks to be undertaken accordingly.

To help young people reflect on their self-image and for you to get to know what their deepest wishes, dreams and fears are, it is suggested to use the method 'Personal Mind Map'. Please refer to the further readings [16, 17] in the final chapter for more detailed information on this method.

The Personal Mind Map is a powerful tool for self-reflection, getting to know each other and resource oriented youth work.

Getting to know each other stage is an important foundation to a strong relationship that will hopefully be productive and fruitful to both the trainer and the group. This is the trainer's chance to get to know the key characters and players in the group: who is leading, who has the ideas, who is most passionate about the training, who is the most committed, who is the joker, who is more sceptical, and many others.

Besides, please remember that getting to know each other means giving the opportunity to young people to get to know you as well. What experiences brought you there, what kind of person you are, what type of activities you did as a young person, what are the values you would stand for.

Building the relationship

It means essentially managing group dynamics, which is managing the interactions between participants as well as between the group and you. In practice, your aim is to create a positive environment by developing your skills as an observer and communicator. You need to be able to understand both verbal and non-verbal signals to know what is happening with each participant. This understanding will help you get the most out of the group and adapt to different communication styles. It is important to avoid negative attitudes that can prevent group members from expressing themselves naturally.

To achieve this, it is essential to apply socio-psychological skills like empathy, patience, adaptability that are essential for human interaction. These skills will help you understand group dynamics and, when combined with strong communication skills, will allow you to support young people in managing their aspirations, coping with change, and developing skills for the labour market.

Your effectiveness in building a good relationship with the group will often depend on your experience, your ability to listen, observe, and establish dialogue, as well as maintaining an open-minded attitude and the ability to work with different personalities.


Identifying needs and competences

It is very important that you find out what competences and abilities the members of the group have already and which ones they need to develop in order to reach the targets of the training. Do not worry if you find out that the group is missing some essential capabilities to do a given task related to the training.

Through a Training Module they will have the chance to develop them and your task as a trainer will be to help the group to identify their own learning objectives to be reached.

Supporting

It is about providing ongoing guidance and encouragement throughout the Module training. The trainer acts as a mentor and coach, offering personalised advice and resources to help participants achieve their goals. This involves helping participants set realistic goals, and being available to address any challenges they may face. The trainer should create a supportive network around the participants, making them feel continuously encouraged and guided throughout their journey.
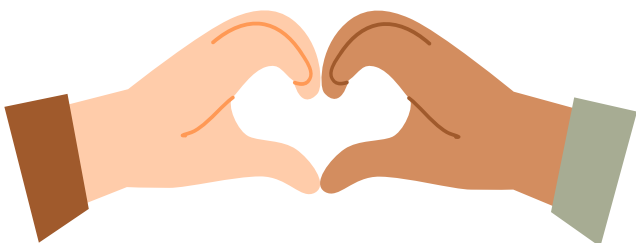
Evaluating

this involves measuring the progress and outcomes of the training. The trainer should use various methods like feedback forms, self-assessment exercises, or group discussions to gather insights on the effectiveness of the training.

Providing constructive feedback and encouraging participants to reflect on their progress helps identify what has been achieved and what areas need improvement. The trainer's role is to ensure that evaluation is a continuous process, allowing for adjustments that enhance the training's impact.

Keeping contact and feedback

maintaining contact involves continuous communication and the exchange of information between the trainer and the young people. It is important for the trainer to be responsive to any questions that arise during the training. Make sure the young people know when and how they can reach you if they need help.

Regarding feedback, it is essential to create an environment where both you and the young people can give and receive feedback. To ensure feedback is productive and beneficial, keep in mind the following:

- Feedback should be clear, concrete and understandable to the person or group receiving it.

- The person or group should be able to accept the feedback and see it as constructive.

- Feedback should provide actionable information that the person or group can use to improve.

Make sure the feedback you give is focused on the needs of the person or group receiving it, not on your own needs. This helps avoid defensive reactions and encourages positive changes.

At the same time, use feedback from the young people to reflect on and improve your own training practice.

The do's and don'ts when talking about obesity and overweight

There are several different ways in which obesity is commonly described in the media and throughout society which can contribute to weight stigma. These can include:

- Language that does not put the person first.

- The use of derogatory and pejorative labels.

- Inaccurate or misplaced use of medical jargon.

- Failure to acknowledge the wider context regarding causal aspects of obesity.

This type of language risks simplifying obesity and its causes, fails to capture the wider drivers and determinants of obesity, and creates a negative image of people affected by obesity. This in turn can reinforce misconceptions about obesity and contribute to weight stigma.

People First Language refers to putting an individual before the medical condition that is being discussed. For instance, it is preferable to say 'a person with obesity' as opposed to 'an obese person' or any other critical labels. The use of people first language is really important as it helps to avoid de-humanising individuals living with chronic diseases.

The use of people-first language ensures that we are not labelling an individual with their disease. This is something that can be applied in a number of different scenarios, and we encourage its use when talking about obesity.

Examples of words and phrases to avoid	Alternative language and considerations
✖ Obese person ✖ Obese subject/participant ✖ Obese children	✔ Person/individual with obesity ✔ Subject/participant with obesity ✔ Children with obesity

Despite increasing evidence that obesity is caused by multiple factors, many people still see obesity as the result of individual behaviours and choices. When talking about obesity, it is not uncommon for individuals to use certain words for dramatic effect. While these are often not meant to be targeting a person directly, their use should still be avoided.

Examples of words and phrases to avoid	Alternative language and considerations
✖ "Curse" ✖ "Strain" ✖ "Plague"	✔ Use accurate facts and figures ✔ Be clear on what the problem is rather leaving it open to interpretation ✔ Avoid ambiguous language ✔ Be explicit on the health consequence. For example, *"Obesity can affect our health in x, y and z ways."*

Obesity should be referred to as a disease rather than a condition. In contrast, overweight is typically defined as a medical condition based on body mass index (BMI). When using the term "overweight," it should be employed either as a noun or an adjective in person-first language [8]. For example, both "people with overweight" and "people who are overweight" are acceptable; however, "overweight people" is not.

Outside of a scientific, clinical, or public health context, more neutral and inclusive terms can be used, such as "individuals with a higher weight" or "persons with a larger body."

Practical tips for trainers and educators working with youth with overweight and obesity

Engaging with the target group of youth people with overweight and obesity as a group requires a thoughtful and sensitive approach. Here are some dos and don'ts to consider when leading activities.

Dos:

- **Establish a non-judgmental and supportive environment where participants feel comfortable sharing their thoughts and experiences.**

Example: Begin sessions with ice-breaker activities that encourage everyone to speak, ensuring all voices are heard without criticism or interruption. Use phrases like "Thank you for sharing" to validate contributions.

- **Employ respectful and inclusive terminology that promotes positivity and acceptance.**

Example: Use people-first language and always frame discussions in a positive light, focusing on well-being rather than weight alone.

- **Recognise that each participant's journey with obesity is unique, and validate their feelings and perspectives.**

Example: During discussions, acknowledge individual experiences by saying things like, "I understand that everyone's journey is different, and it is important to respect each person's story."

- **Encourage open dialogues where participants can express their thoughts, questions, and concerns freely.**

Example: Create an anonymous question box where participants can submit questions or concerns they may feel uncomfortable voicing aloud. Address these questions in a group setting to foster open communication.

- **Provide evidence-based infor-mation about obesity and healthy lifestyle choices to empower informed decision-making.**

Example: Share resources such as pamphlets or videos from reputable health organisations and explain the science behind nutrition and exercise in an accessible way. Host a Q&A session to clarify any doubts.

- **Help participants reflect on their experiences and challenges, connecting the information to their lives.**

Example: After a lesson on healthy eating, ask participants to reflect on their current eating habits and discuss what changes they might want to make. Encourage sharing by prompting with questions like, "How do you think this could apply to your daily life?"

- **Foster a sense of belonging among participants through peer support activities and opportunities for connection.**

Example: Organise group activities that require teamwork, like a group walk or cooking class, to encourage bonding. Encourage participants to share what they learned or enjoyed about the activity.

Don'ts:

- **Refrain from making assumptions or judgments based on appearance or experiences, treating all participants with respect.**

Example: Avoid comments like "You look like you need more exercise." Instead, focus on general statements that apply to everyone, such as "It is great to find activities we all enjoy."

- **Steer clear of language that reinforces stereotypes or negative beliefs about obesity, and avoid hurtful or stigmatising terms.**

Example: Instead of saying, "People with obesity are lazy," focus on the complexities of weight management, like "There are many factors that affect a person's weight."

- **Do not pressure participants into sharing personal information or use tactics that may shame or embarrass them.**

Example: Avoid forcing anyone to share their weight or personal struggles. Instead, encourage voluntary sharing by creating a safe space and saying, "Share only what you feel comfortable discussing."

- **Encourage participants to seek guidance from healthcare professionals for personalised advice, rather than providing medical recommendations.**

Example: Instead of giving medical advice, guide participants to consult a doctor for personal health concerns. You might say, "It is best to talk to your healthcare provider about this to get advice that is tailored to you."

- **Discourage comparisons among participants and emphasise individual progress and growth.**

Example: Avoid statements like "Look how much weight he lost!" Focus instead on personal achievements by saying, "You have made great progress in your journey, and that is what matters most."

- **Emphasise shared experiences and common goals, avoiding actions that may inadvertently isolate participants.**

Example: Use inclusive language such as "We are all here to support each other," rather than singling anyone out. Activities should be designed to include everyone, regardless of fitness level or ability.

- **Acknowledge the multifaceted nature of obesity, avoiding oversimplified explanations or solutions.**

Example: Instead of saying, "Just eat less and exercise more," discuss the complex factors that contribute to obesity, such as genetics, environment, and emotional health, and validate these complexities.

4. GOALS OF THE NUTRITION MODULE, NUTRITION CHALLENGES IN CONNECTION TO OVERWEIGHT AND OBESITY, SCIENTIFIC INSIGHTS ON NUTRITION AND OBESITY

The Nutrition Module aims to promote healthy eating habits by providing trainers with accurate and up-to-date information on essential nutrients, food groups, portion sizes, and dietary guidelines.

Specific objectives include:

- Develop a basic understanding of conscious and healthy eating habits, including the concept of emotional eating.

- Gain a basic understanding of the impact of nutrition on human health and quality of life.

- Acquire a basic understanding of nutrition education, nutrient principles, and related issues.

Nutrition challenges in connection to overweight and obesity

Diet, nutrition, eating habits, and food traditions are elements that directly influence the development of body fat and, consequently, obesity. The modern world, with its rapid development and advancements in food production, is a key factor in the rise of obesity [9]. Despite cultural differences and diverse dietary preferences across Europe, the problems of food overproduction and unhealthy eating habits are common throughout Europe and globally.

Obesity has become a worldwide issue. Consuming more calories than the body can burn is a primary factor in obesity. High-calorie foods, especially those high in sugar and unhealthy fats, contribute to excessive calorie intake. The production and consumption of energy-dense but nutrient-poor foods, such as fast food and sugary snacks, result in high calorie intake without providing essential nutrients. Therefore, nutrition is directly related to obesity.

Scientific insights on nutrition and obesity

Proper nutrition

One of the major risk factors affecting human health is improper nutrition, a serious issue that significantly contributes to obesity [10]. When we talk about **nutrition**, we refer to the type and amount of food consumed, as well as one's relationship with food, including correct or incorrect eating habits.

Diet refers to an individual's eating style, adapted to their sex, age, and physiological state, such as pregnancy, lactation, or the presence of certain diseases like diabetes, hormonal disorders, or organ diseases [11]. A person's diet also depends on factors like occupation, physical activity, taste preferences, temperament, and often religion or ethics. Diet is often associated with significant sacrifices and discomfort, while rational nutrition or modifying eating behaviours is less frequently considered.

However, the reality is harsh: no short-term "miracle" diet can eliminate excess weight permanently. These diets may lead to temporary and sometimes significant weight loss, but the effects are not lasting. Only a thoughtful and consistent change in diet is effective, rather than a short-term overhaul. Therefore, the path to success is not another miracle diet but a gradual, consistent shift towards healthier eating habits.

What does it mean to eat healthily?

Eating healthily means consuming the right amounts of nutrients with the appropriate nutritional and energy values to maintain a healthy body weight and ensure proper bodily functions. When aiming for proper nutrition that supports weight reduction, individuals should [12]:

- Establish and maintain healthy eating habits based on their individual caloric needs, aiming for a weight loss of no more than 1 kg per week in the first month, and about 0.5 kg per week thereafter.

- Diversify their diet to meet nutritional requirements for proteins, carbohydrates, and fats, and ensure an adequate intake of vegetables and fruits.

- Include sufficient amounts of cereal products and whole grains (such as wholemeal bread, pasta, groats, and brown rice), which are key sources of dietary fibre.

- Drink adequate amounts of fluids, especially water.

- Be cautious of consuming too much sugar, salt, and highly processed foods.

Here are five reasons to avoid processed foods [13]:

- Processed foods typically contain loads of added sugar. These empty calories can lead to chronic disease.

- They contain highly desirable flavours (e.g., sweet, salty and fatty) that can lead to overeating. We will sometimes eat to the point of feeling sick because our brains block the feeling of being full in favour of providing a rewarding feeling from eating the processed foods.

- Processed foods are addictive. Sugar and highly rewarding junk foods act on the same parts of the brain as drugs like cocaine.

- Processed foods are low in essential nutrients compared to whole, unprocessed foods (which look similar to how they appear in nature when consumed). Even individuals with overweight and obesity can develop malnutrition, and therefore, need to eat nutrient-rich foods.

- We burn fewer calories digesting processed foods. Real foods contain more fibre, which requires more energy expenditure to break it down.

Foods that are minimally processed and derived predominantly from plants are associated with the highest levels of overall health and disease prevention.

Emotional eating

Eating to satisfy psychological needs is often driven by various emotions. People may eat to enhance positive feelings (as a reward or for entertainment), to comfort themselves when they are sad or angry, or to soothe themselves during times of stress or anxiety. Emotional eating can also be a way to seek attention, gain authority, or find love and appreciation. In these cases, eating is used to relieve tension and meet emotional needs.

However, emotional eating often leads to overconsumption of foods, particularly those that are high in calories but low in nutritional value. This behaviour can contribute to obesity and negatively impact overall health. It is also a common factor in the development of eating disorders [14].

To manage emotional eating, it is helpful to find other enjoyable and satisfying activities that do not involve food, such as physical exercise, relaxation, or engaging in personal hobbies like taking a walk, reading a good book, meeting with friends, or watching a movie.

Seeking help from a professional, such as a psychologist, psychotherapist, or dietitian, can also be beneficial. Regular sessions with an expert can provide support and motivation for making sustainable lifestyle changes.

How to control portions

Portion control involves eating the right amount of food according to individual energy needs. Consuming the appropriate amount of food is crucial, as excessive caloric intake can lead to overweight and obesity, increasing the risk of heart disease, type 2 diabetes, and other health conditions.

The Zimbabwe Hand Jive is an example of a simple method for portion control. Dr. Kazzim Mawji developed this technique to help people living with diabetes easily determine portion sizes [15]. Today, the Zimbabwe Hand Jive is used worldwide. It utilises your hands as a measurement tool to gauge appropriate portion sizes of carbohydrates, fats, proteins, and vegetables. A well-rounded meal includes one of each of the following:

- Palm = 1 portion of protein (meat, fish, poultry)

- Closed fist = 1 portion of carbohydrates (grains and starches)

- Thumb = 1 portion (approximately one tablespoon) of fat-heavy foods (such as peanut butter)

- Cupped hands = 1 portion of fruit or vegetables

**Figure 2. Zimbabwe Hand Jive. Source:
UMass Chan Medical School**

Rules of thumb to help control meal size include:

- Use smaller plates and bowls, so portions appear larger.

- Serve the meal in its entirety on a plate, eliminating platters for further additions.

- Chew each bite carefully and control the pace of eating.

- Start the meal with low-calorie foods and end with higher-calorie content.

- Focus on the meal, be attentive, and be present; do not watch TV, read a newspaper or book, or talk on the phone.

Healthy eating habits

Healthy eating habits tailored to our needs and abilities increase the likelihood of achieving and maintaining a healthy weight, positively impacting our physical and mental health, as well as our overall well-being.

Establishing healthy eating habits involves making changes to one's lifestyle. This process requires time, commitment, attentiveness, and patience. The most effective way to implement these changes is through small, incremental steps - simple, realistic actions that gradually lead towards a specific goal.

This goal should be realistic, measurable, acceptable, achievable, and timely.

It is crucial to begin the process of change at the right moment in life, ideally when young people are fully prepared and have the necessary resources. Factors such as lack of time, overwhelming responsibilities, constant stress, insufficient support, or an unfavourable environment can diminish motivation and energy, hindering the successful implementation of change. Over time, these challenges may reduce enthusiasm, decrease the willingness to continue, and foster the belief that change is unattainable.
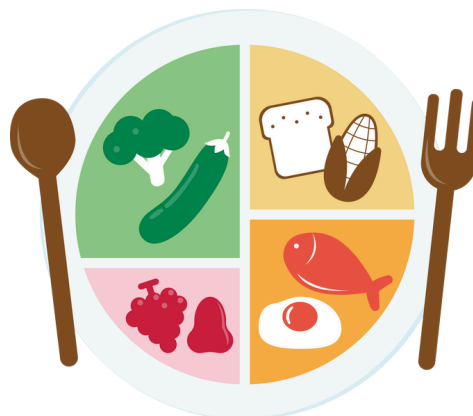
Understanding the different stages of habit change and accepting that our resources and needs may evolve throughout the process is essential. Self-observation, insight into our own needs and emotions, flexibility, and the ability to adapt are crucial components. By embracing these qualities, we can maintain greater control over the process, making our actions more effective. Lastly, maintaining motivation and believing in the attainability of our goals are key to successful change.

5. RELEVANT TERMINOLOGY

Diet refers to the total amount of food consumed by individuals. In the science of human nutrition, several basic types of diets are distinguished: a customary (natural) diet, which in medicine is referred to as a basic diet; an alternative diet, which is a conscious way of eating aimed at giving up certain foods, such as vegetarianism (alternative diets also include elimination diets); and a therapeutic diet, where the supply of energy and nutrients is modified for health reasons. Another classification includes the Mediterranean diet, low-fat diet, Copenhagen diet, GAPS diet, DASH diet, single-ingredient diet, separation diet, and elimination diet.

Balanced diet includes the right proportions of proteins, carbohydrates, and fats in the daily diet and is rich in a variety of foods. By maintaining the right proportions of various food groups, we provide the body with all the necessary minerals. Essential food groups include protein, fats, carbohydrates, and dietary fibre. Foods to include in a balanced diet are vegetables and fruits, whole grains, dairy and dairy products, lean meat, pulses, and beverages.

Nutrition is the process of utilising food for growth, metabolism and repair of tissues.

Nutrients are chemical substances required by the body to sustain basic functions and are optimally obtained by eating a balanced diet. There are six major classes of nutrients essential for human health: carbohydrates, lipids, proteins, vitamins, minerals, and water.

Nutritional standards specify the amounts of energy and nutrients that ensure consumption in accordance with the standards that prevent deficiency diseases and the adverse effects of overconsumption. The purpose of using nutritional standards is to optimise each person's diet. Optimal nutritional value means eating according to our age, physiological state, level of physical activity, gender, body weight, and general health.

Nutrition education involves the systematic transfer of knowledge about food and nutrition, based on current and proven scientific findings.

Eating habits encompass all the food-related activities we perform in a routine, automatic, natural way. When we talk about eating habits, we refer to what and how we eat, what products we choose at the store, and how many times a day we prepare and eat meals.

Energy balance is the optimal balance between the calories we consume in a day and the energy the body expends. A negative balance results in weight reduction, while a positive balance results in weight gain.

Mindful eating is the conscious consumption of a meal, during which all attention is devoted exclusively to the activity.

Emotional eating refers to the tendency to eat when experiencing emotions, especially negative emotions, stress, or high tension. The function of emotional eating is to regulate and cope with emotions. In other words, emotional eating describes situations where food becomes a means to alleviate and regulate various emotions, such as sadness, anger, loneliness, boredom, and anxiety.

Saturated fat is a type of dietary fat. It is one of the unhealthy fats, along with trans fat. These fats are most often solid at room temperature. Foods like butter, palm and coconut oils, cheese, and red meat have high amounts of saturated fat.

HEY, I got the job!

HEY, I'm getting healthier!

HEY, I look professional!

6. REFERENCES AND FURTHER READINGS

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YOUnite is a project aimed to help adolescents with overweight and obesity in overcoming challenges and improving their employability on the labour market. YOUnite project, supported by the ERASMUS+ programme is seeking to develop a new engaging and self-confidence building training programme to support young obese people to cope with socio-economic difficulties and any other potential source of discrimination.

The partnership is led by ÖSB Consulting (Austria) with partner organisations from Finland (ACR), Hungary (EMINA), Poland (Zdrowy Ksztalt), and Austria (ÖSB Social Innovation).

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