

Nutrition, Physical Activity and Obesity

Latvia



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This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

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DEMOGRAPHIC DATA	
Total population	2 074 605
Median age (years)	40.2
Life expectancy at birth (years) female male	78.8 68.6
GDP per capita (US\$)	18 951.0
GDP spent on health (%)	3.5

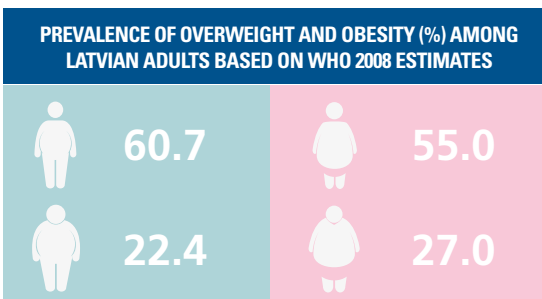
Monitoring and surveillance

Overweight and obesity in three age groups

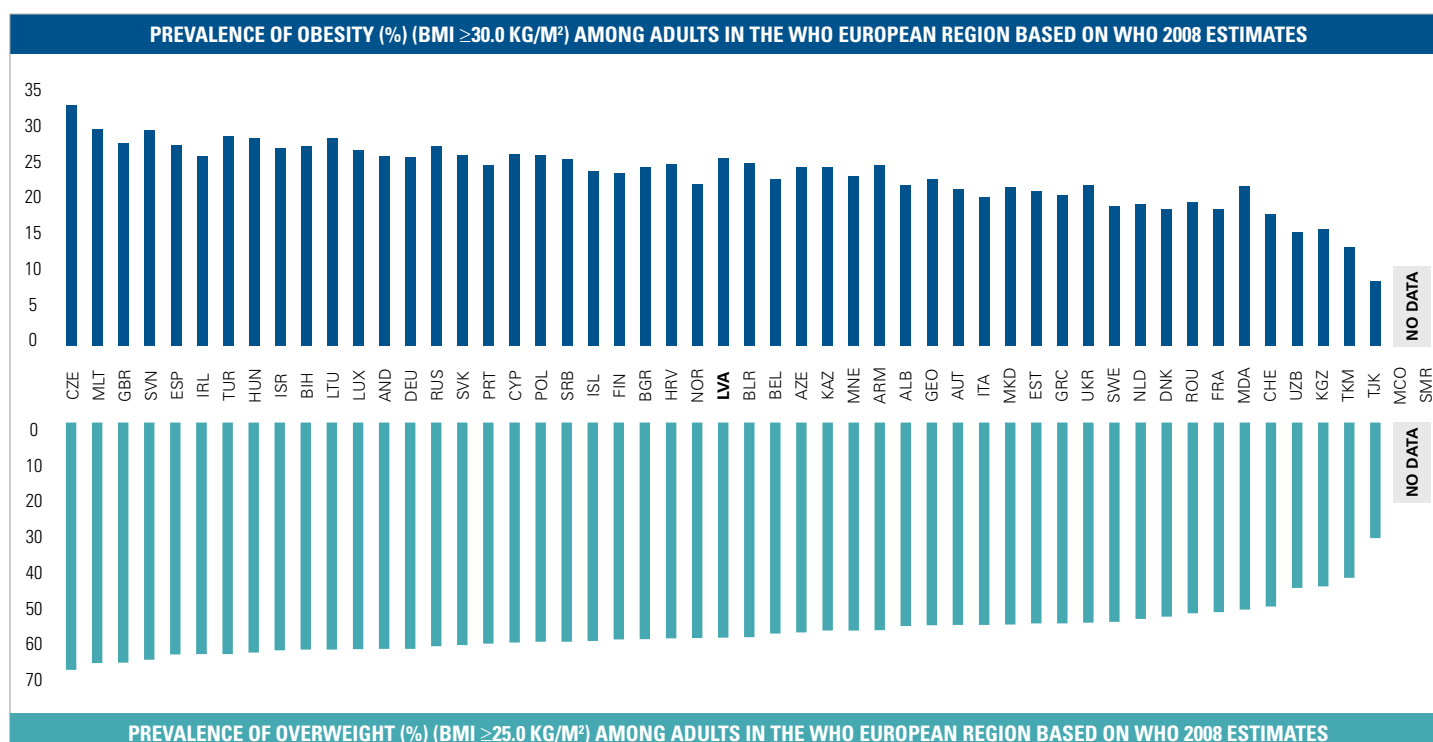
Adults (15/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 57.5% of the adult population (≥ 20 years old) in Latvia were overweight and 24.9% were obese. The prevalence of overweight was higher among men (60.7%) than women (55.0%). The proportion of men and women that were obese was 22.4% and 27.0%, respectively.

According to the FINBALT 2008 survey (of the nationally representative population aged 15–64 years), 48.5% were overweight and 18.5% were obese. Overweight prevalence estimates for men and women were 51.1% and 46.7%, respectively (2). The prevalence of obesity for men and women was 16.2% and 20.2%, respectively.



Source: WHO Global Health Observatory Data Repository (1).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.
Source: WHO Global Health Observatory Data Repository (1).

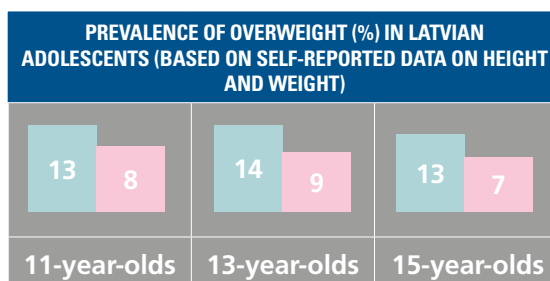
The Regional Office is grateful to the European Commission (EC) for its financial support for the preparation of this country profile and the development of the nutrition, obesity and physical activity database that provided data for it.

respectively. It should be taken into account that these data do not allow for comparability across countries due to sampling and methodological differences.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 12% of men and 21% of women will be obese. By 2030, the model predicts that 14% of men and 20% of women will be obese.¹

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 13% of boys and 8% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 14% for boys and 9% for girls, and among 15-year-olds, 13% and 7%, respectively (3).



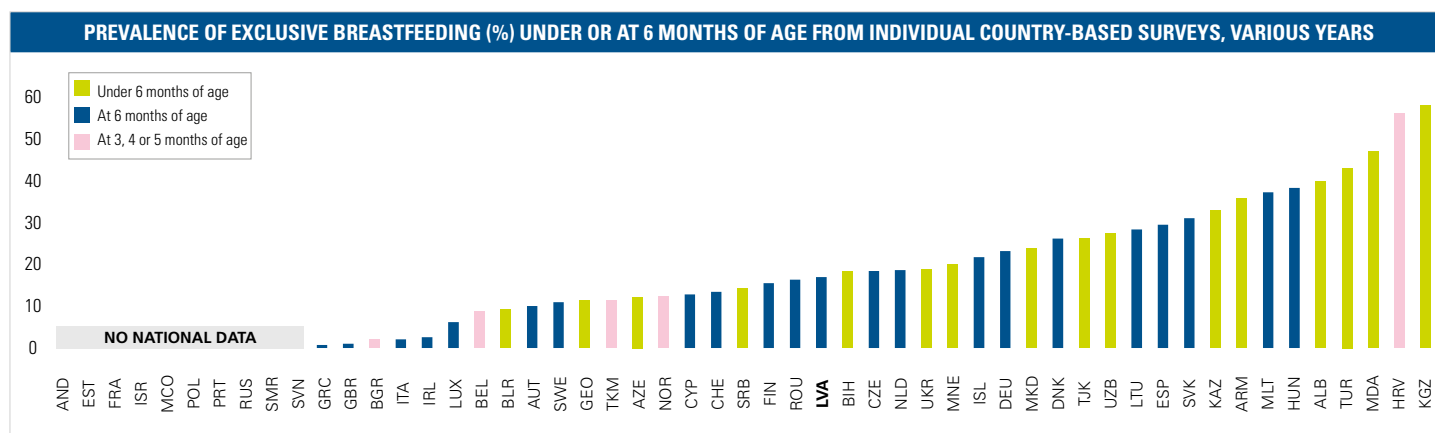
Source: Currie et al. (3).

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 7-year-olds in Latvia, 24.0% of boys and 18.9% of girls were overweight and 8.6% and 4.6%, respectively, were obese (4).²

Exclusive breastfeeding until 6 months of age

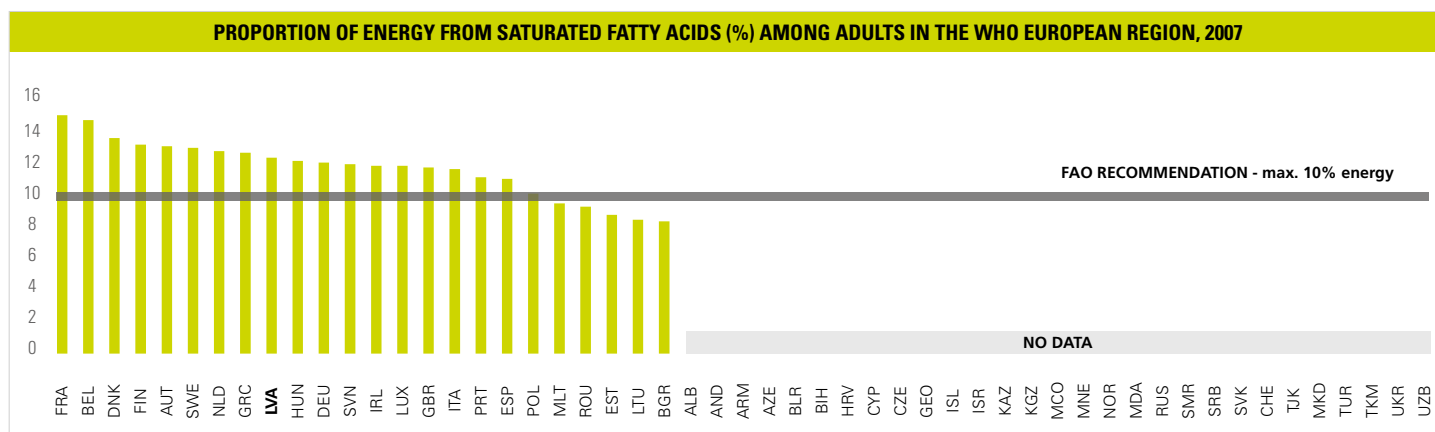
Nationally representative data from 2011 show that the prevalence of exclusive breastfeeding at 6 months of age was 16.4% in Latvia.³



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

According to 2007 estimates, the adult population in Latvia consumed 12.0% of their total calorie intake from saturated fatty acids (5).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations. Source: FAOSTAT (5).

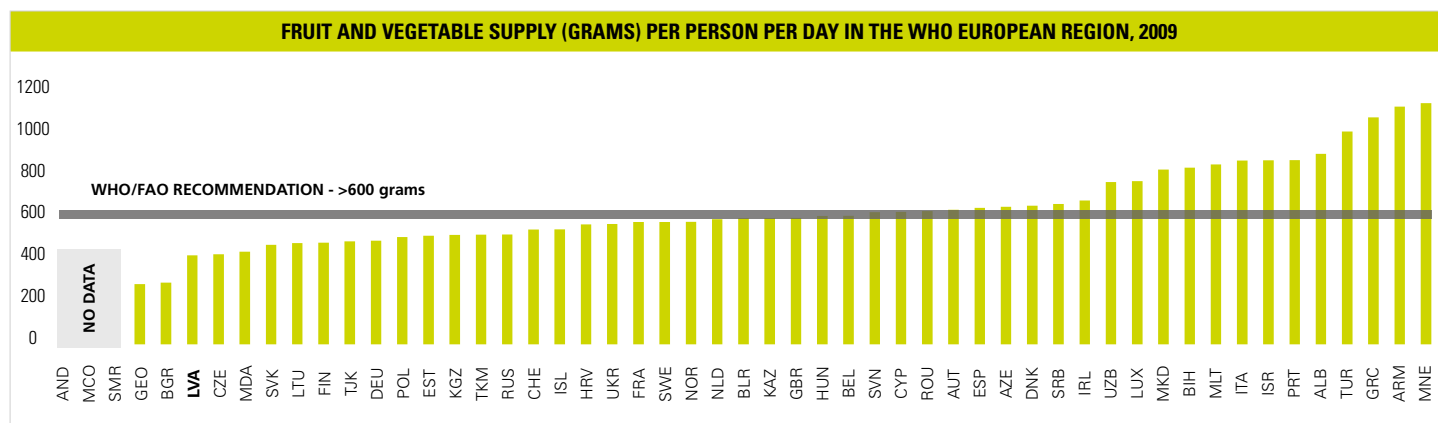
¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

Latvia had a fruit and vegetable supply of 414 grams per capita per day, according to 2009 estimates (5).

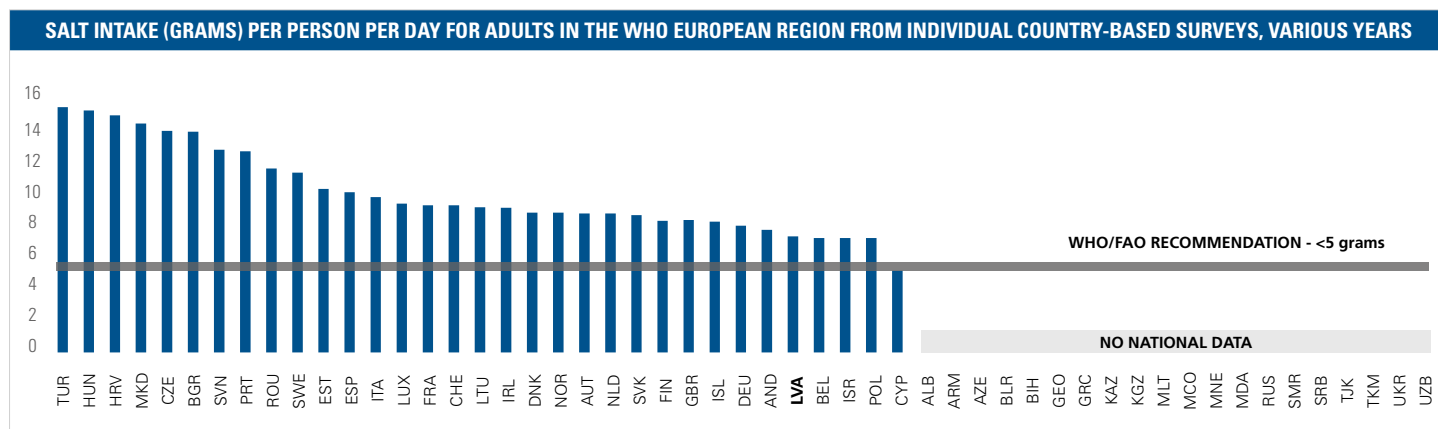


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

Salt intake

Data from 2007–2009 show that salt intake in Latvia was 7.1 grams per day for both men and women (6).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: WHO Regional Office for Europe (6).

Iodine status

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 76.8% (7, 8).

Physical inactivity

In Latvia, 33.2% of the population aged 15 years and over were insufficiently active (men 29.2% and women 36.5%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Latvia; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
		Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting											
Salt content in food											
Salt intake	XX										
Consumer awareness	XX										
Behavioural change	XX	XX									
Urinary salt excretion (24 hrs)					XX	XX	XX	XX	XX		

Note. XX partially implemented.

Source: WHO Regional Office for Europe (6).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

Price policies (food taxation and subsidies)

Taxes	School fruit schemes
✓	✓

Sources: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases; EC School Fruit Scheme website (9).

Marketing of food and non-alcoholic beverages to children (10)

In 2006, regulations were adopted with the aim of restricting and controlling the marketing of foods and beverages of limited nutritional value in preschool institutions and schools (11, 12). Otherwise restrictions are based on self-regulation.

Physical activity (PA), national policy documents and action plans

Sport	Target groups	Health	Education		Transportation	
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work
✓			✓ ^a	✓ ^a		

^a Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Latvia from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2003	Ministry of Education and Science	Government departments on health, finance, education and welfare; nongovernmental organizations; academia

Source: country reporting template on Latvia from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

Existence of national recommendation on HEPA	Target groups addressed by national HEPA policy	PA included in the national health monitoring system
	General population, vulnerable and low socioeconomic groups	✓

Source: country reporting template on Latvia from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

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