Nutrition, Physical Activity and Obesity Sweden



Monitoring and surveillance

Overweight and obesity in three age groups

Adults (16/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 53.3% of the adult population (\geq 20 years old) in Sweden were overweight and 18.6% were obese. The prevalence of overweight was higher among men (60.2%) than women (46.6%). The proportion of men and women that were obese was 19.9% and 17.3%, respectively.

According to a nationally representative survey carried out in 2011 among individuals aged 16–84 years, 49% were overweight and 13% were obese (based on self-reported weight and height). Overweight prevalence estimates for men and women were 57% and 41%, respectively. The prevalence of obesity for men and women was 14% and 13%, respectively (2). It should be taken into



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.

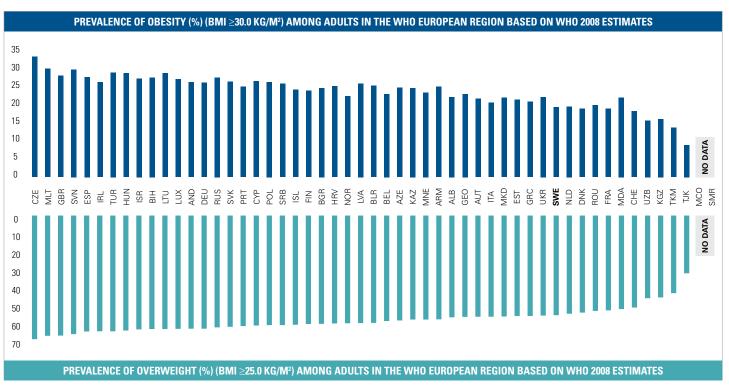
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| DEMOGRAPHIC DATA | |
|--|-------------|
| Total population | 9 482 855 |
| Median age (years) | 40.7 |
| Life expectancy at birth (years) female male | 84.0 80.0 |
| GDP per capita (US\$) | 48 906.0 |
| GDP spent on health (%) | 9.6 |

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG SWEDISH ADULTS BASED ON WHO 2008 ESTIMATES



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.

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, 19% of men and 17% of women will be obese. By 2030, the model predicts that 26% of men and 22% of women will be obese.¹

Adolescents (10–19 years)

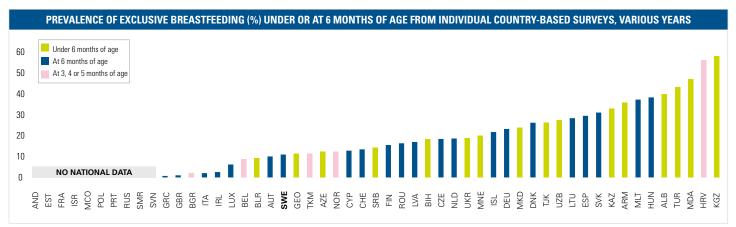
In terms of prevalence of overweight and obesity in adolescents, up to 24% of boys and 16% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 20% for boys and 11% for girls, and among 15-year-olds, 20% and 8%, respectively *(3)*.

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) in Sweden showed that among 7-year-olds, 23.5% of boys and 22.0% of girls were overweight and 6.8% and 5.1%, respectively, were obese.² The corresponding overweight figures for 8-year-olds were 26.3% for boys and 23.5% for girls, and for obesity, 9.7% and 6.8%, respectively (4).

Exclusive breastfeeding until 6 months of age

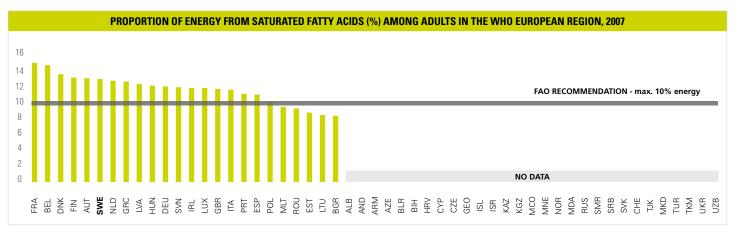
Nationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 10.6% in Sweden.³ Of the children born in 2010, almost 63% were breastfed to some degree at 6 months of age.



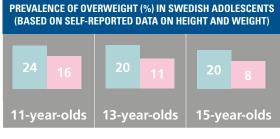
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a Europeanwide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

Saturated fat intake

According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in Sweden consumed 12.6% of their total calorie intake from saturated fatty acids (5). According to national data from 2010–2011, the adult population aged 18–80 years in Sweden consumed 13.1% of their total calorie intake from saturated fatty acids (6). It should be taken into account that these latter, national data do not allow for comparability across countries due to sampling and other methodological differences.



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. Source: FAOSTAT (5).



Source: Currie et al. (3).

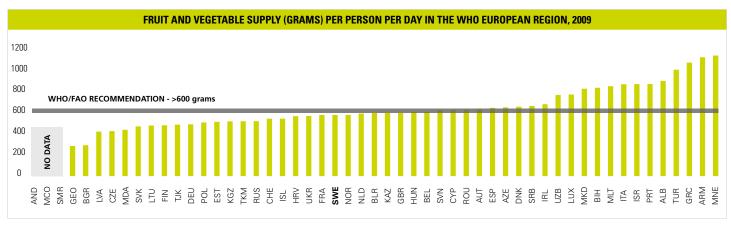
¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

² Based on 2007 WHO growth reference.

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

Fruit and vegetable supply

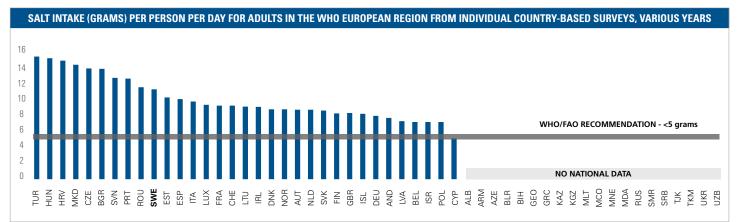
Sweden had a fruit and vegetable supply of 569 grams per capita per day, according to 2009 FAO estimates (*5*). According to national data from 2010–2011, the mean consumption of fruit, vegetables and berries was 360 grams per day for adult men and 310 grams per day for adult women (18–80 years). 21% of the survey participants consumed more than 500 grams of fruit, berries and vegetables (including a maximum of 100 grams of juice) per day (*6*). It should be taken into account that the latter consumption data do not allow for comparability across countries due to sampling and other methodological differences.



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 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 show that salt intake in Sweden was between 10.0 grams and 12.0 grams per day for both men and women (7).



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 Europeanwide 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 (7).

lodine 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 30.0% (8, 9).

Physical inactivity

In Sweden, 47.1% of the population aged 15 years and over were insufficiently active (men 46.0% and women 48.1%), according to estimates generated for 2008 by WHO (1). National data from 2011 show that 13% of adults aged 16–84 years were insufficiently active during their leisure time (2). It should be taken into account that these national data do not allow for comparability across countries due to sampling and methodological differences.

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Sweden; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (7).

Salt reduction initiatives

| Monitoring & evaluation | | Stakeholder approach | | | | Population approach | | | | | |
|---------------------------------|-----|-------------------------|-------------------------------------|----------|-----------|---------------------|-------|-------------|--------------------|------------|-----------|
| | | | | | Labelling | | | Consumer av | vareness init | iatives | |
| Industry self-reporting | | | | Specific | | Brochure | TV | Website | Education | Conference | Reporting |
| Salt content in food | xxx | Industry involvement | Food food reformulation category | food | | Print | Radio | Software | Schools | | |
| Salt intake | xxx | | | | | | | Health | | | |
| Consumer awareness | | | *** | | | | | | care facilities | | |
| Behavioural change | | xxx | | | | | | | lucintico | | |
| Urinary salt excretion (24 hrs) | xxx | | | xxx | | | xxx | | | | |

Note. XXX fully implemented. Source: WHO Regional Office for Europe (7).

Trans fatty acids (TFA) policies

| Legislation | Type of legislation | Measure |
|-------------|---------------------|--|
| In progress | | Developing legislation to prohibit TFA |

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 (10).

Marketing of food and non-alcoholic beverages to children (11)

The Marketing Act (12) includes a ban on any advertising targeting children under the age of 12 years on national radio and TV before and during children's programmes (13). People associated with children's radio or TV programmes are not allowed to take part in advertising targeting children under the age of 12 years. According to European legislation (14), the ban only covers broadcasts originating in Sweden.

The majority of such advertisements originate from two Swedish-language channels based in the United Kingdom. These channels have recently voluntarily stopped advertising food to children and - as a result of the United Kingdom's new broadcasting code (15) that includes restrictions on the marketing of foods high in fat, sugar or salt to children - Sweden will probably now have relatively little marketing of food to children on TV.

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

| Sport | Target groups | Health | Educ | ation | Transp | ortation |
|---|---|--|--|---|---|---|
| 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 |
| v | v | ✓a | ✓b | | | |

^a Clearly stated in a policy document, partially implemented or enforced. ^b Clearly stated in a policy document, entirely implemented and enforced. Source: country reporting template on Sweden 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 |
|---|--|--|
| ✔ 2001 | Swedish National Institute of Public Health and Swedish National Centre for Child Health Promotion | Government departments on health and sport; nongovernmental organizations; communities; private sector |

Source: country reporting template on Sweden 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 adressed by national HEPA policy | PA included in the national health monitoring system |
|--|---|--|
| | General population | |

Source: country reporting template on Sweden 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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