

Nutrition, Physical Activity and Obesity Estonia



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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>.

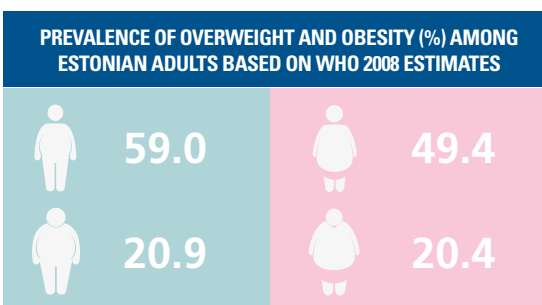
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DEMOGRAPHIC DATA	
Total population	1 341 000
Median age (years)	39.7
Life expectancy at birth (years) female male	79.2 68.4
GDP per capita (US\$)	14 135.0
GDP spent on health (%)	6.0

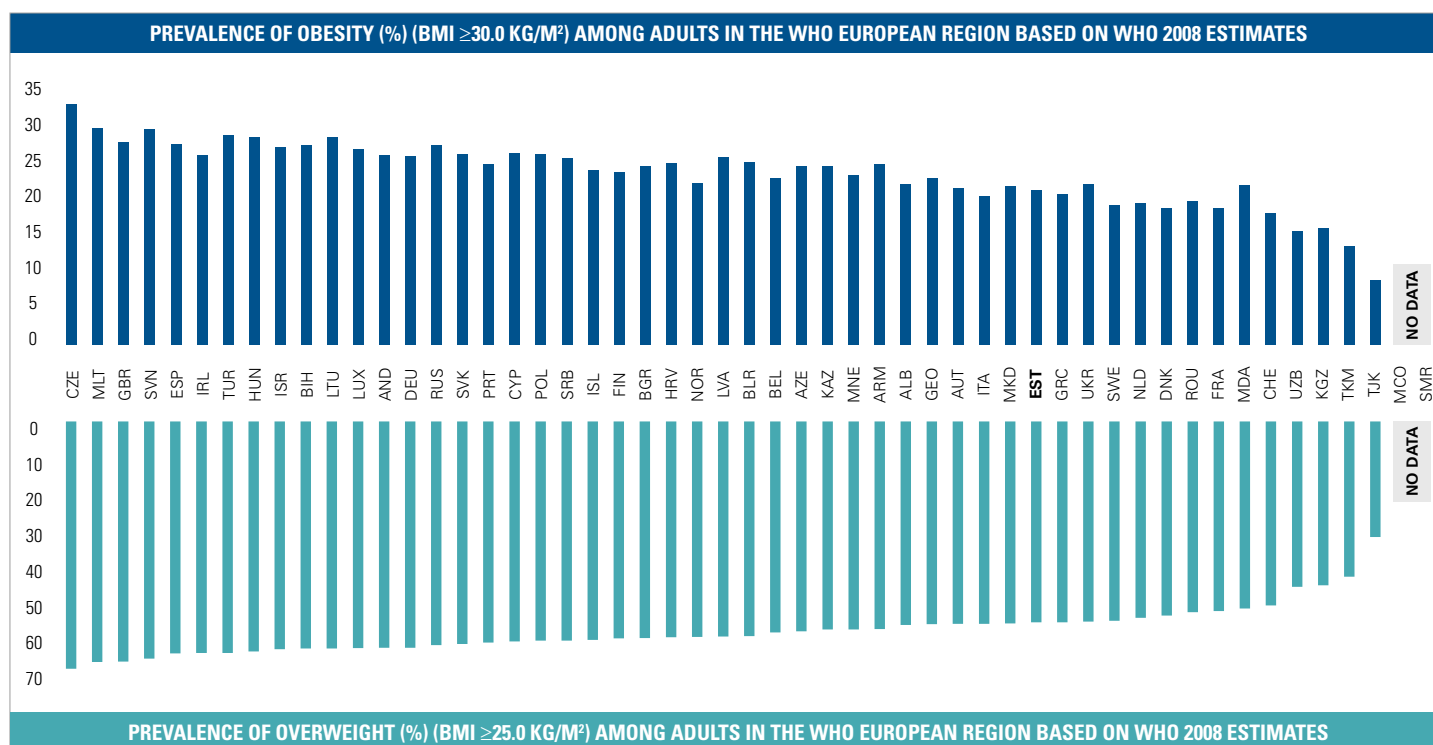
Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 53.7% of the adult population (≥ 20 years old) in Estonia were overweight and 20.6% were obese. The prevalence of overweight was higher among men (59.0%) than women (49.4%). The proportion of men and women that were obese was 20.9% and 20.4%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 27% of men and 20% of women will be obese. By 2030, the model predicts that 35% of men and 22% of women will be obese.¹



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).

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.

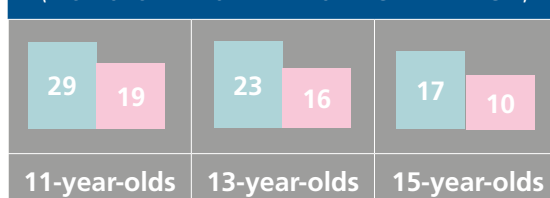
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 29% of boys and 19% 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 23% for boys and 16% for girls, and among 15-year-olds, 17% and 10%, respectively (2).

Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Estonia is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

PREVALENCE OF OVERWEIGHT (%) IN ESTONIAN ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)

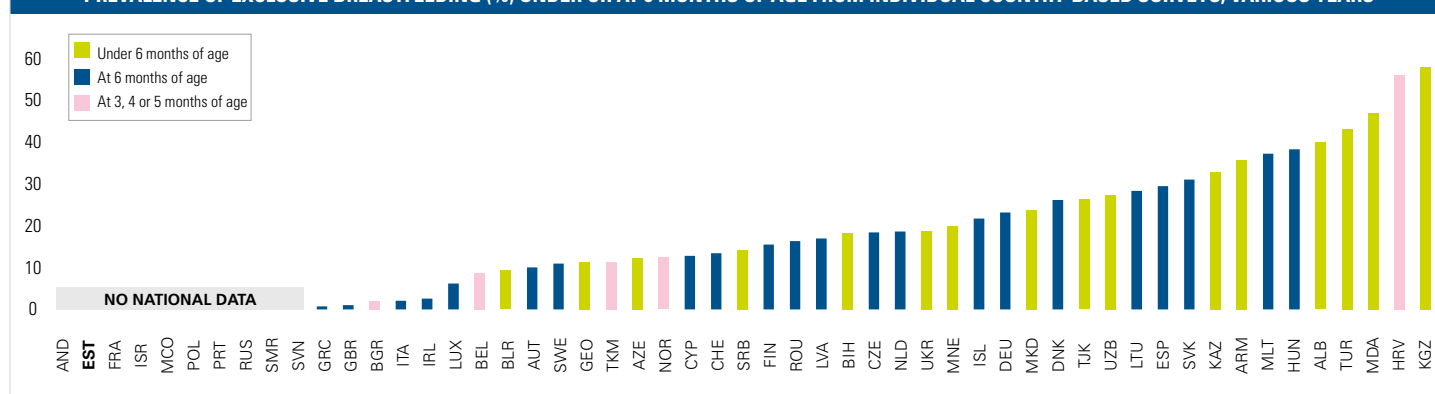


Source: Currie et al. (2).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2011 show that the prevalence of any breastfeeding at 6 months of age was 55.3% in Estonia.³

PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS



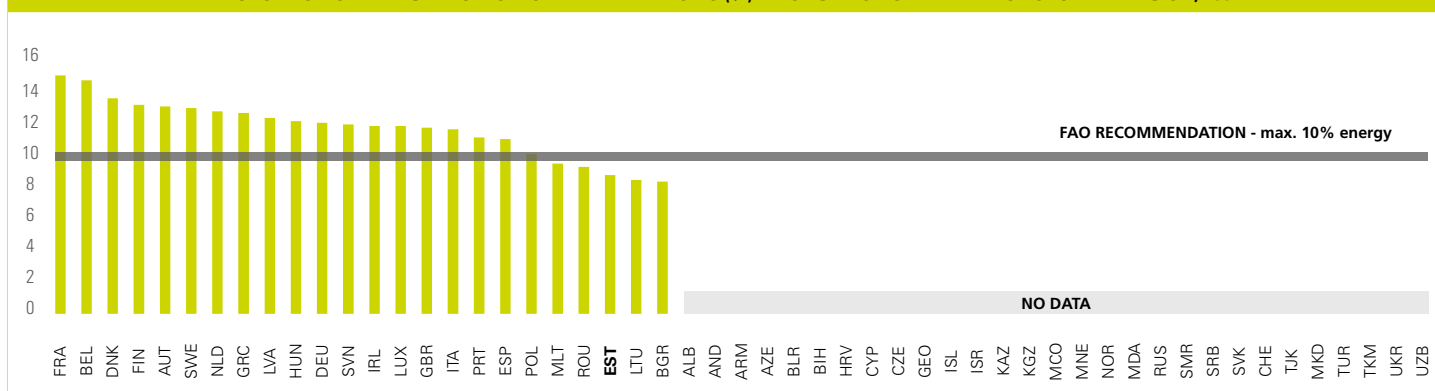
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Estonia consumed 8.5% of their total calorie intake from saturated fatty acids (3).

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



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.

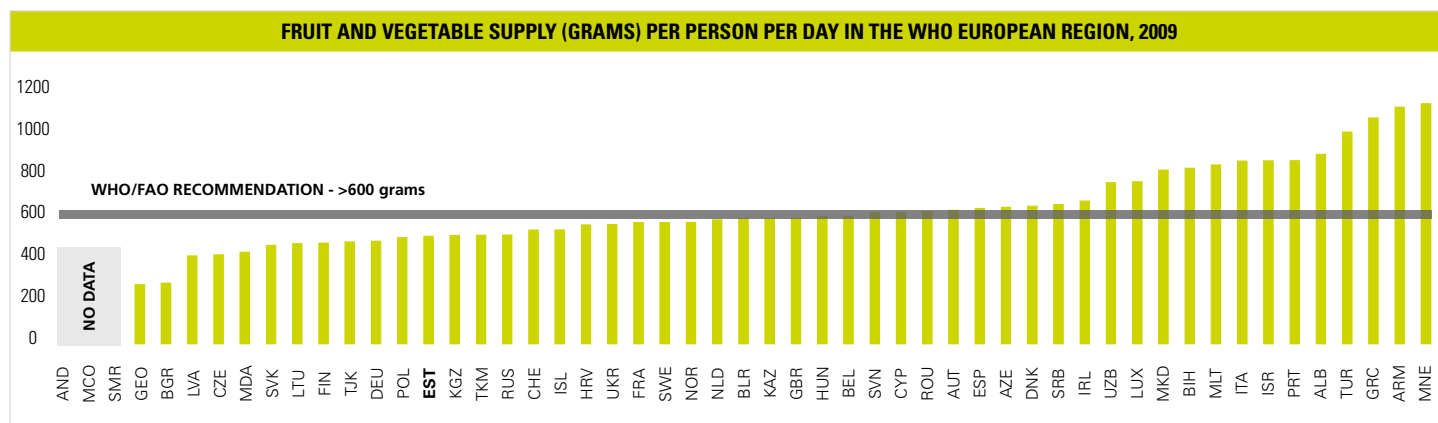
Source: FAOSTAT (3).

² Based on 2007 WHO growth reference.

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

Fruit and vegetable supply

Estonia had a fruit and vegetable supply of 505 grams per capita per day, according to 2009 estimates (3).

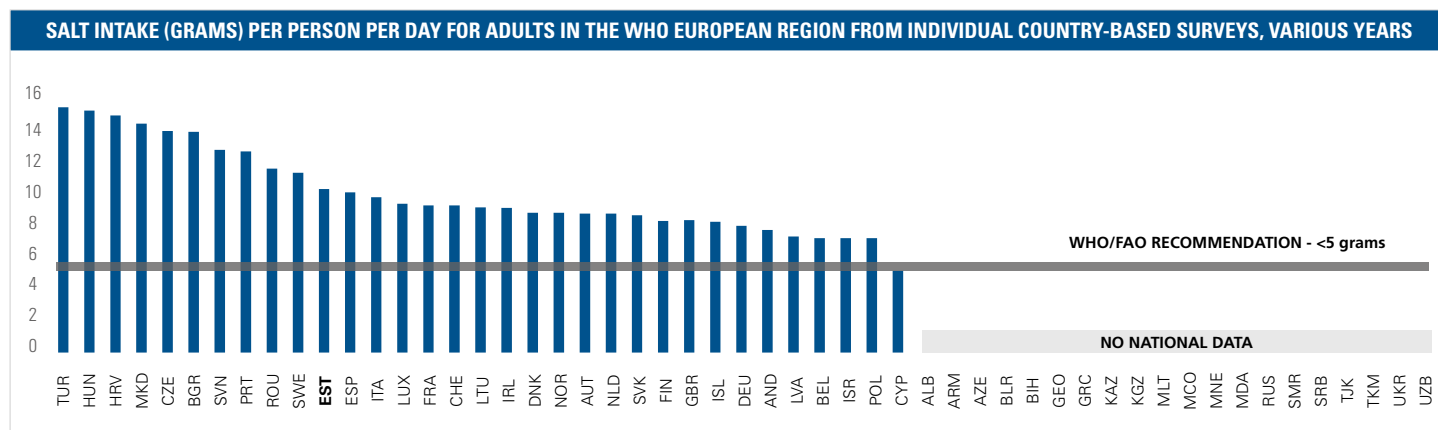


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

Salt intake

Data from 1997 show that salt intake in Estonia was 10.0 grams per day for both men and women (4).



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 (4).

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 67.0% (5, 6).

Physical inactivity

In Estonia, 46.6% of the population aged 15 years and over were insufficiently active (men 43.6% and women 49.4%) 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 Estonia; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (4).

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
						Brochure Print	TV Radio	Website	Education	Conference	Reporting
Industry self-reporting		Industry involvement	Food reformulation	Specific food category				XXX (Web-based calculator to visualize salt content in processed foods)	Schools		
Salt content in food	XXX								Health care facilities		
Salt intake	XXX										
Consumer awareness											
Behavioural change	XXX	XX									
Urinary salt excretion (24 hrs)					XXX					XXX	

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (4).

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)

Subsidized school food	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 (7).

Marketing of food and non-alcoholic beverages to children (8)

Commercial advertising is prohibited in preschools, primary and secondary schools and vocational/technical schools. Otherwise there are no specific regulations restricting the marketing of unhealthy foods to children. Advertising targeted at children is regulated by the Advertising Act (9) and the Consumer Protection Act (10) and should not be aggressive: that is, it should not directly invite children to buy a marketed product themselves or to take up a marketed service themselves, or cause their parents or other adults to do so. The Association of Advertising Agencies and the Consumer Protection Board have together prepared a guide explaining what is meant by aggressive advertising targeted at children (11). Currently, no specific regulations exist to restrict the marketing of unhealthy foods to children, although guidelines have been compiled by the Consumer Protection Board on, for example, the advertising and sale of energy drinks to children in order to ensure ethical and moral standards in this area (12). Nevertheless, campaigns targeting children are permitted, including campaigns in which lots are drawn and/or prizes are awarded if the food is consumed. The national TV channel is the only channel on which commercial advertising is not permitted (13).

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	✓ ^b	✓ ^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 Estonia 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
✓ 2006	Ministry of Culture	Government departments on health, development, sport, education and research, nongovernmental organizations; academia; communities; private sector; media

Source: country reporting template on Estonia 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 Estonia 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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