

Nutrition, Physical Activity and Obesity Finland



REGIONAL OFFICE FOR Europe



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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	5 365 000
Median age (years)	42.0
Life expectancy at birth (years) female male	82.8 75.9
GDP per capita (US\$)	44 502.0
GDP spent on health (%)	9.0

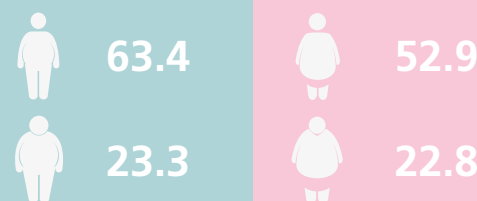
Monitoring and surveillance Overweight and obesity in three age groups

Adults (20/25 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 58.0% of the adult population (≥ 20 years old) in Finland were overweight and 23.0% were obese. The prevalence of overweight was higher among men (63.4%) than women (52.9%). The proportion of men and women that were obese was 23.3% and 22.8%, respectively.

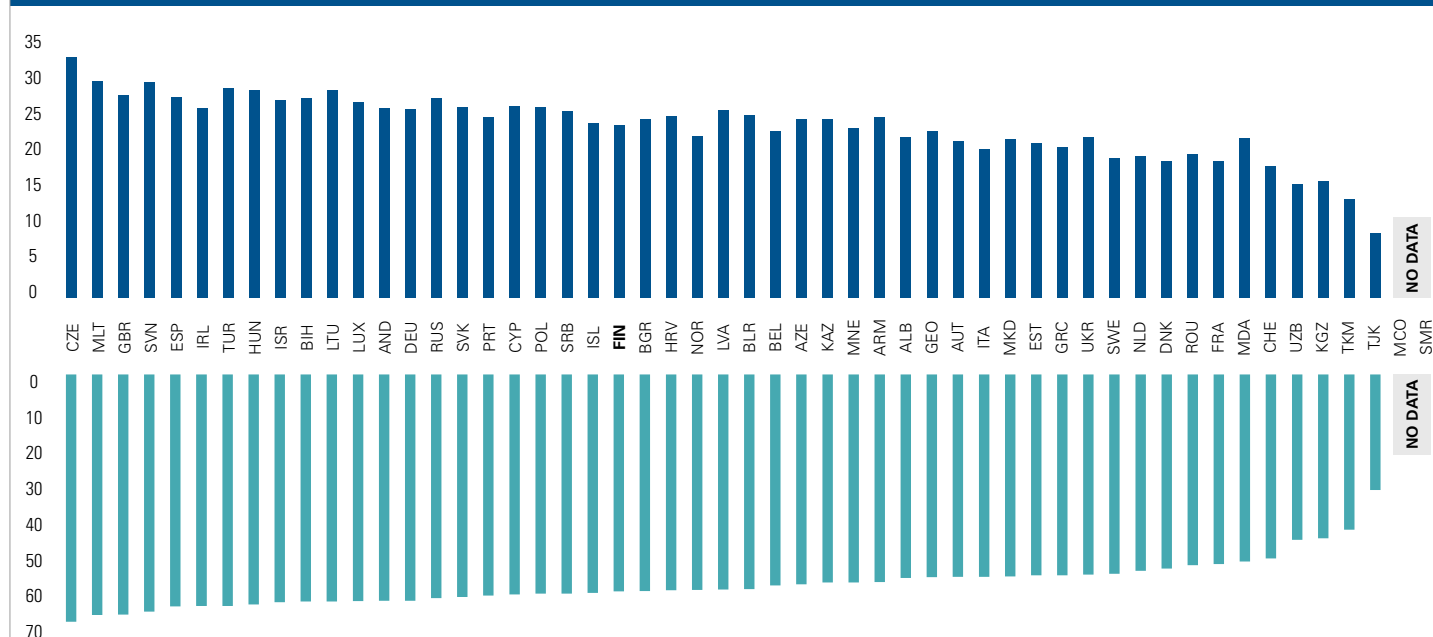
More recently, national surveys (FINRISK studies (2)) provided data for the trends in overweight between 1972 and 2012; overweight and obesity estimates from

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



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

PREVALENCE OF OBESITY (%) (BMI ≥ 30.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



PREVALENCE OF OVERWEIGHT (%) (BMI ≥ 25.0 KG/M²) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES

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).

2012 show that 66.3% of adult men and 46.4% of adult women (≥ 25 years old) in Finland were overweight (based on self-reported data). The proportion of men and women that were obese was 20.4% and 19.0%, respectively. It should be taken into account that these national data do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 23% of men and 22% of women will be obese. By 2030, the model predicts that 29% of men and 27% of women will be obese.¹

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 29% of boys and 17% 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 25% for boys and 17% for girls, and among 15-year-olds, 20% and 12%, respectively (3).

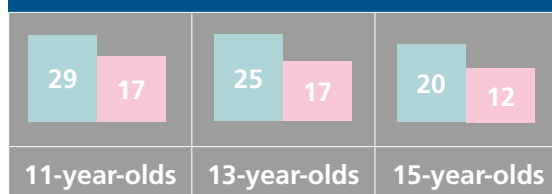
Children (0–9 years)

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

Exclusive breastfeeding until 6 months of age

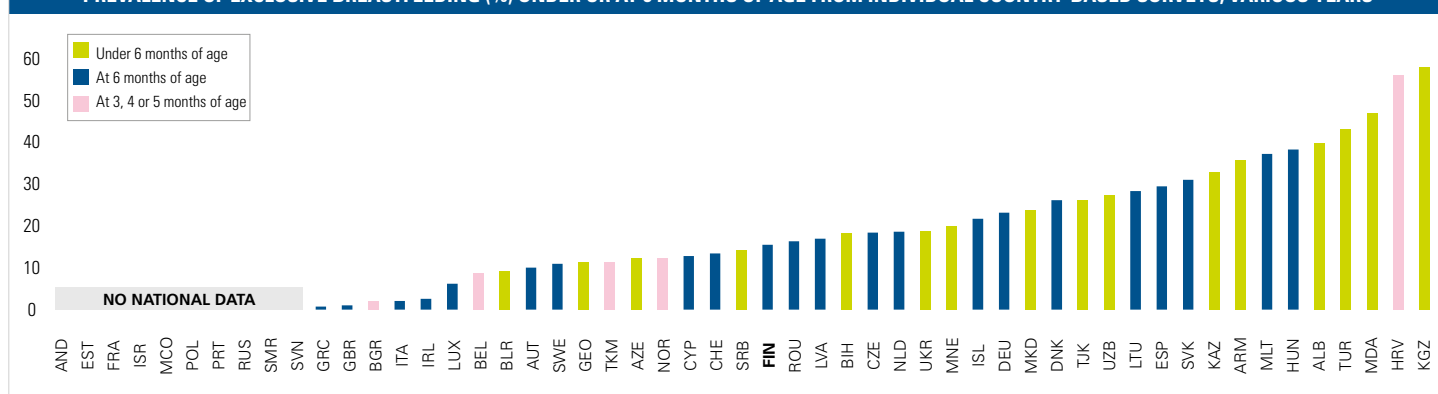
Nationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 15.0% in Finland.³

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



Source: Currie et al. (3).

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



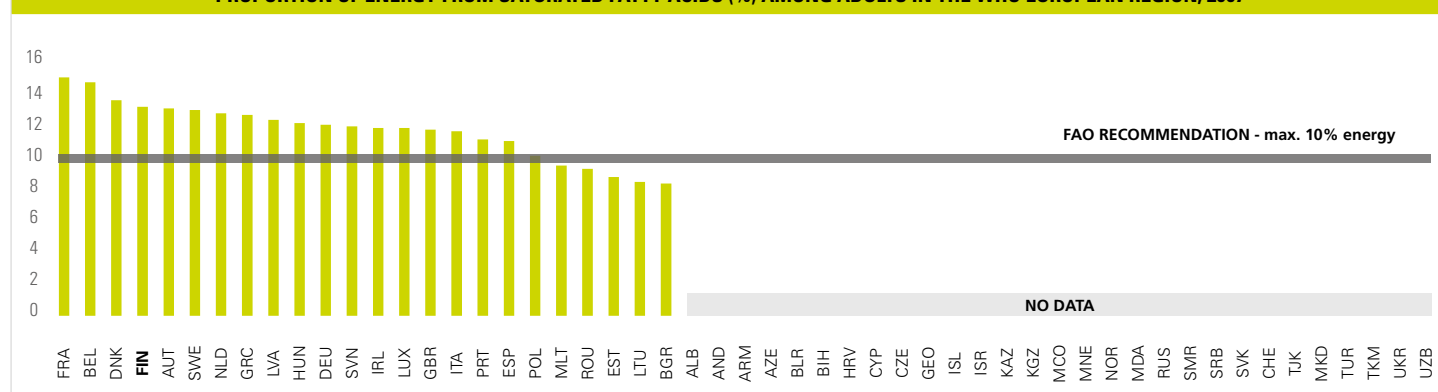
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

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

Saturated fat intake

According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in Finland consumed 12.8% of their total calorie intake from saturated fatty acids (4). The national FINDIET study carried out in 2007 revealed the percentage contribution of saturated fatty acids to the total energy intake was 13% in men and 12% in women (5). 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.

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.

Source: FAOSTAT (4).

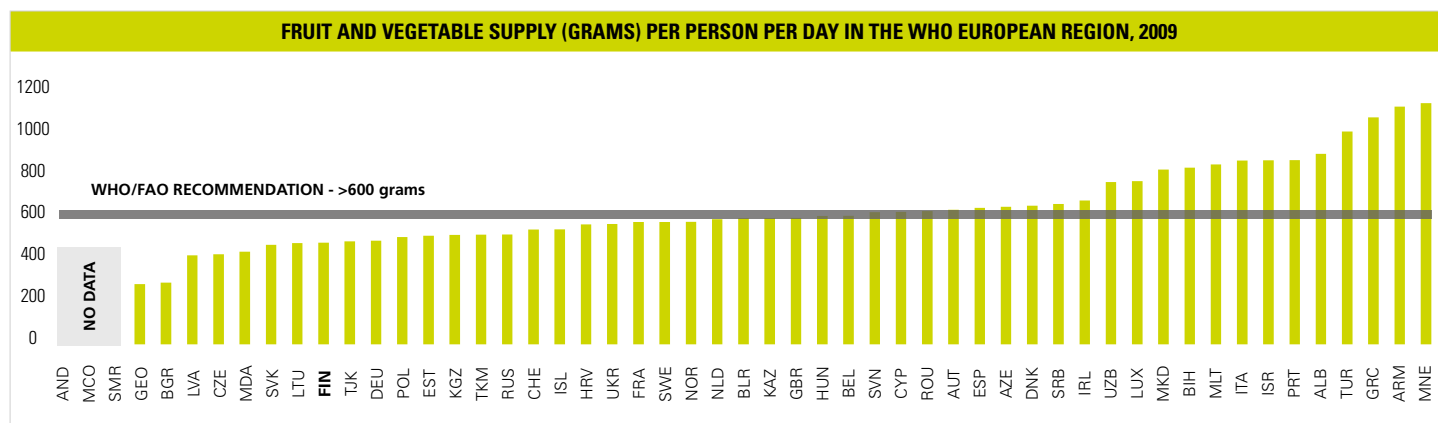
¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

² Based on 2007 WHO growth reference.

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

Fruit and vegetable supply

Finland had a fruit and vegetable supply of 473 grams per capita per day, according to 2009 estimates (4).

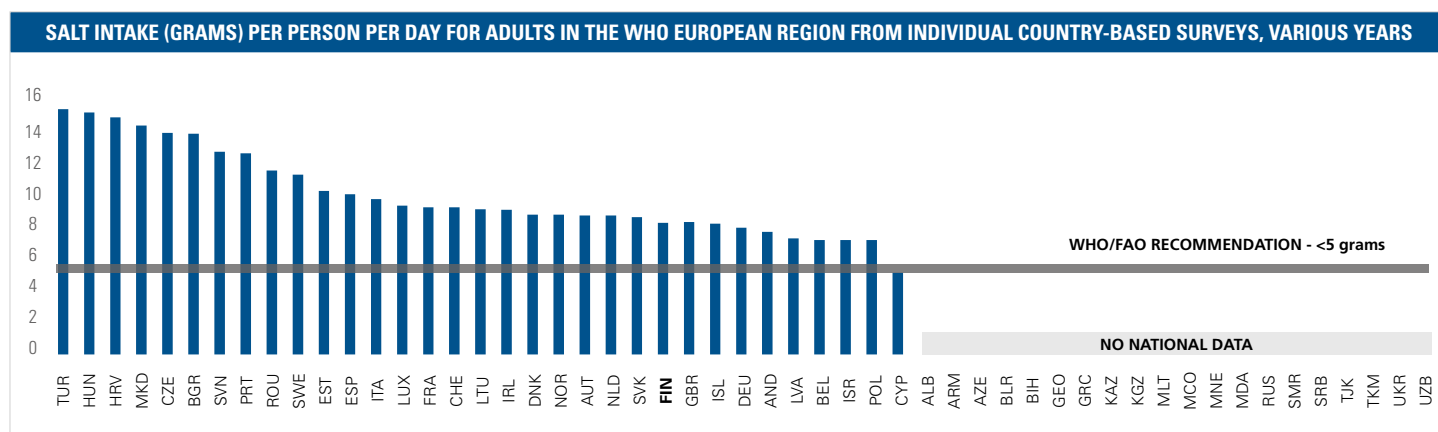


Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

Data from 2007 show that salt intake in Finland was 9.3 grams per day for men and 6.8 grams per day for 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 28.3% (7, 8).

Physical inactivity

In Finland, 40.8% of the population aged 15 years and over were insufficiently active (men 43.3% and women 38.5%), 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 Finland; (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 self-reporting	XXX	Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education	Conference	Reporting
Salt content in food	XXX								Schools		
Salt intake	XXX								Health care facilities		
Consumer awareness	XXX	XXX	XXX	20–25% salt reduction in bread by 2014							XXX
Behavioural change	XXX										
Urinary salt excretion (24 hrs)	XXX				XXX	XXX					

Note: XXX fully 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
<ul style="list-style-type: none"> ✓ Tax on sugar content ✓ Tax on sugar-sweetened beverages by volume 	

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 October 2005 a consensus was reached about evidence-based current care guidelines on preventing and treating childhood obesity, which were updated in 2012 (11), and in 2004 the National Consumer Ombudsman published guidelines on the marketing of food to children (12). A new government innovation fund (Finnish Innovation Fund, SITRA) has been established to improve collaboration with the food industry (13, 14).

In June 2008, the Government adopted a "Resolution on development of guidelines for health-enhancing physical activity and nutrition" (15). The main targets include reducing the prevalence of obesity and the intake of saturated fat, salt and sugar, and increasing the intake of vegetables and fruit (particularly berries). As a part of this Resolution, the Government has set special development priorities for children, young people and families. According to these priorities, "[F]ood marketing to children and young people should not be contradictory with health promotion messages. If necessary, the state will create regulatory systems alongside corporate self-regulation that restrict marketing of unhealthy foods to children and young people and ensure efficient monitoring of the regulations" (15).

Implementation and monitoring of the above-mentioned government Resolution is coordinated and followed up by the Ministry of Social Affairs and Health, the Ministry of Education, and the Ministry of Agriculture and Forestry. The National Nutrition Council (16) – which includes representatives of research institutions, food control authorities, nongovernmental organizations and private sector parties – acts in an advisory capacity.

No specific regulations exist to restrict the marketing of unhealthy foods to children. However, authoritative recommendations (17) have been drafted by the Consumer Agency, the Consumer Ombudsman and the National Public Health Institute, using the National Food Agency and the National Board of Education as experts. These recommendations are largely based on the relevant provisions of the Consumer Protection Act (18) and discuss good advertising practices, misleading advertising and means of marketing. In 2007 the National Board of Education and the National Public Health Institute recommended that schools should not provide vending machines selling sweets and beverages on their premises (19).

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	✓ ^b	✓ ^a	✓ ^a	

^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 Finland 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
✓ 2008	Council of Physical Activity Promotion	Government departments on health, sport, transport, education, environment and research

Source: country reporting template on Finland 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
✓ 2008	General population, vulnerable and low socioeconomic groups	✓

Source: country reporting template on Finland 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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