

Nutrition, Physical Activity and Obesity France



© Michel Charliac

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>.

© World Health Organization 2013
All rights reserved.

DEMOGRAPHIC DATA

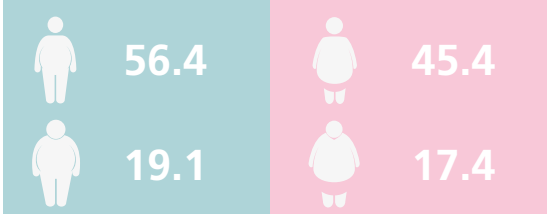
Total population	62 787 000
Median age (years)	39.9
Life expectancy at birth (years) female male	84.3 77.5
GDP per capita (US\$)	39 546.0
GDP spent on health (%)	11.9

Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

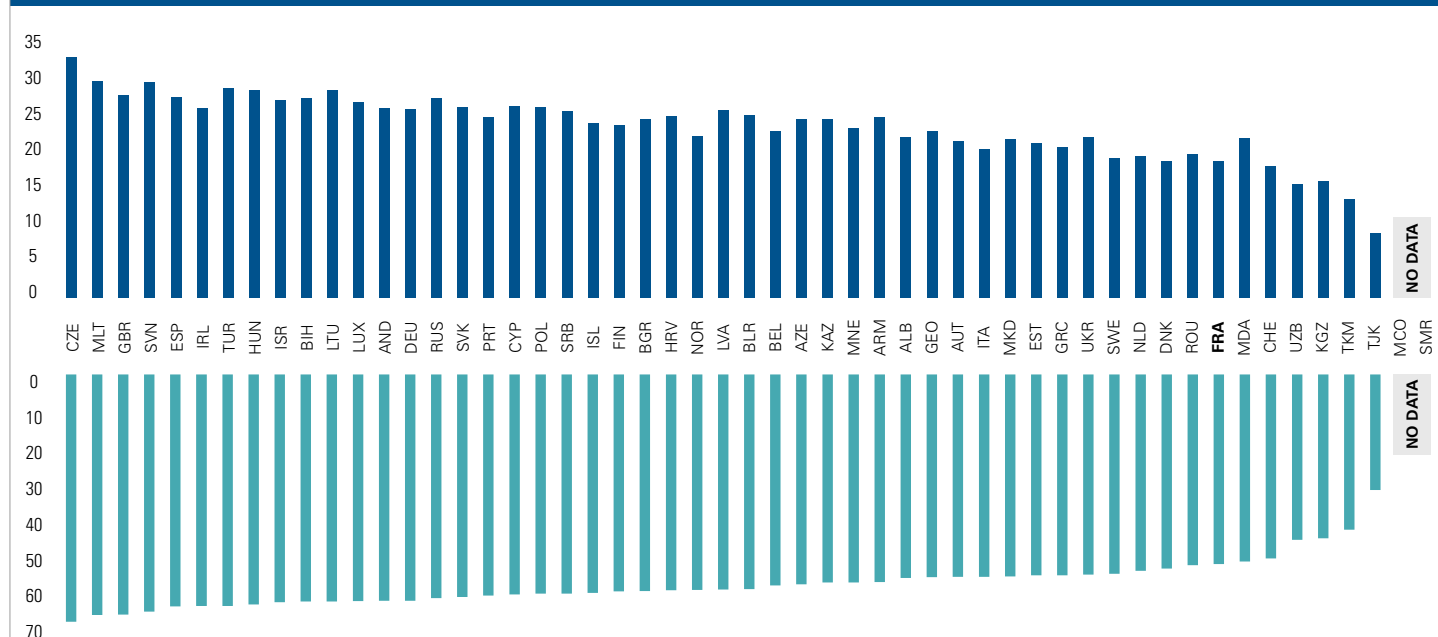
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 50.7% of the adult population (≥ 20 years old) in France were overweight and 18.2% were obese. The prevalence of overweight was higher among men (56.4%) than women (45.4%). The proportion of men and women that were obese was 19.1% and 17.4%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 19% of men and 22% of women will be obese. By 2030, the model predicts that 25% of men and 29% of women will be obese.¹

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG FRENCH 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).

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.

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.

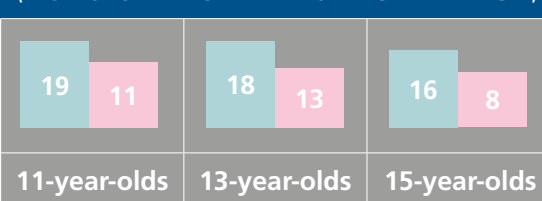
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 19% of boys and 11% 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 18% for boys and 13% for girls, and among 15-year-olds, 16% and 8%, respectively (2).

Children (0–9 years)

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

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

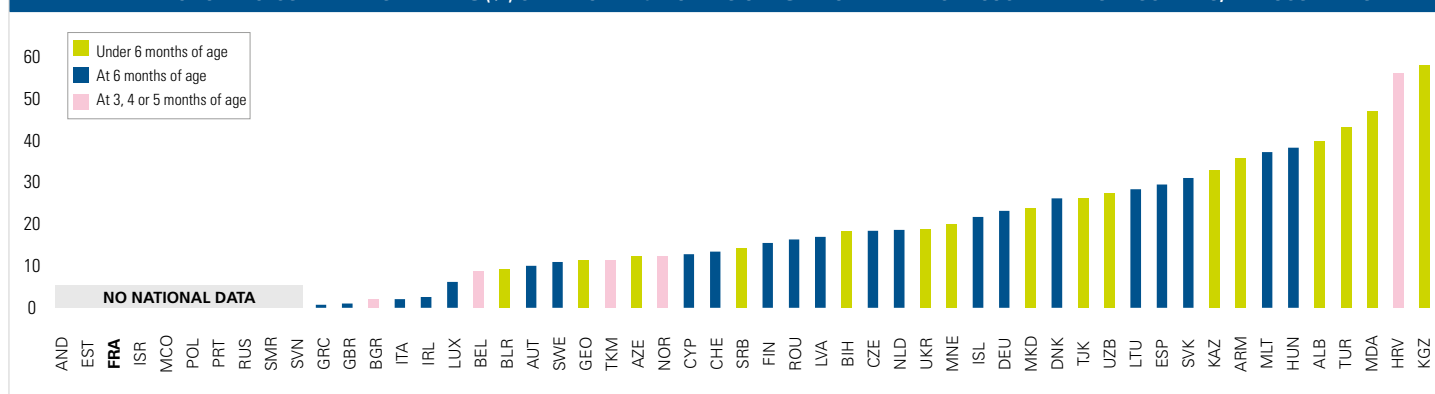


Source: Currie et al. (2).

Exclusive breastfeeding until 6 months of age

No data are available.

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



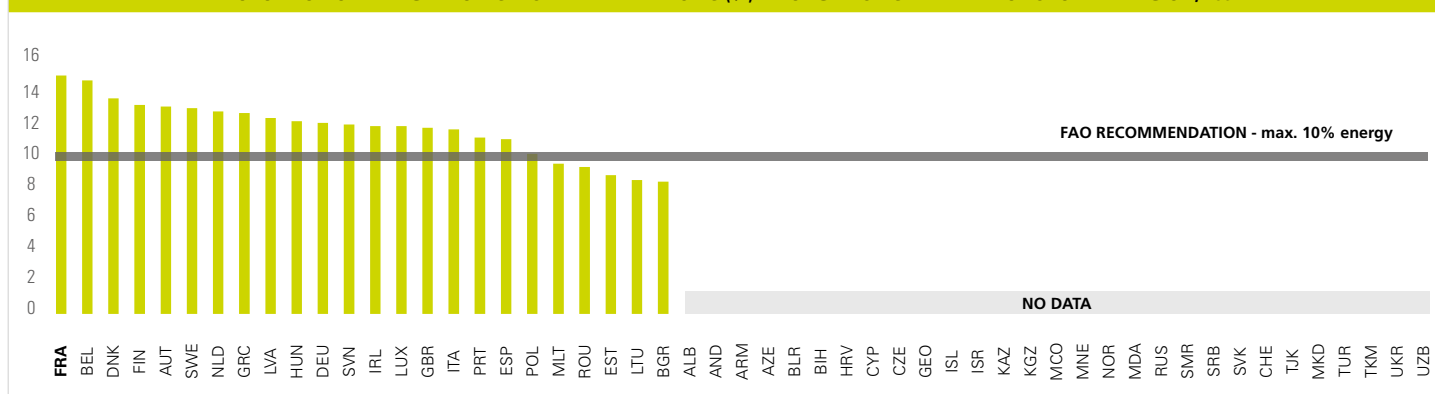
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 France consumed 14.6% 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



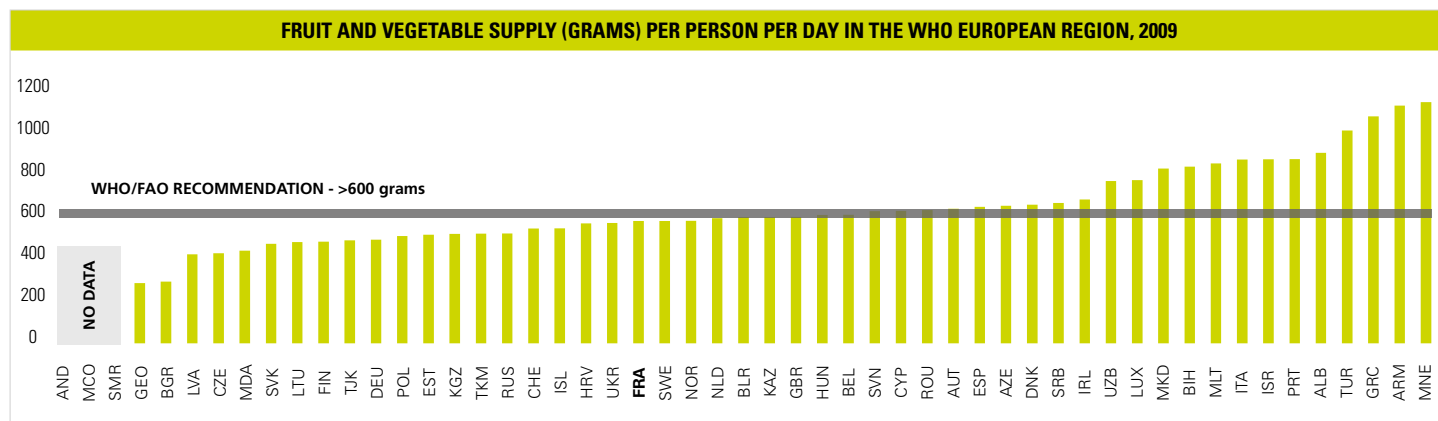
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the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

Source: FAOSTAT (3).

² Based on 2007 WHO growth reference.

Fruit and vegetable supply

France had a fruit and vegetable supply of 569 grams per capita per day, according to 2009 estimates (3).

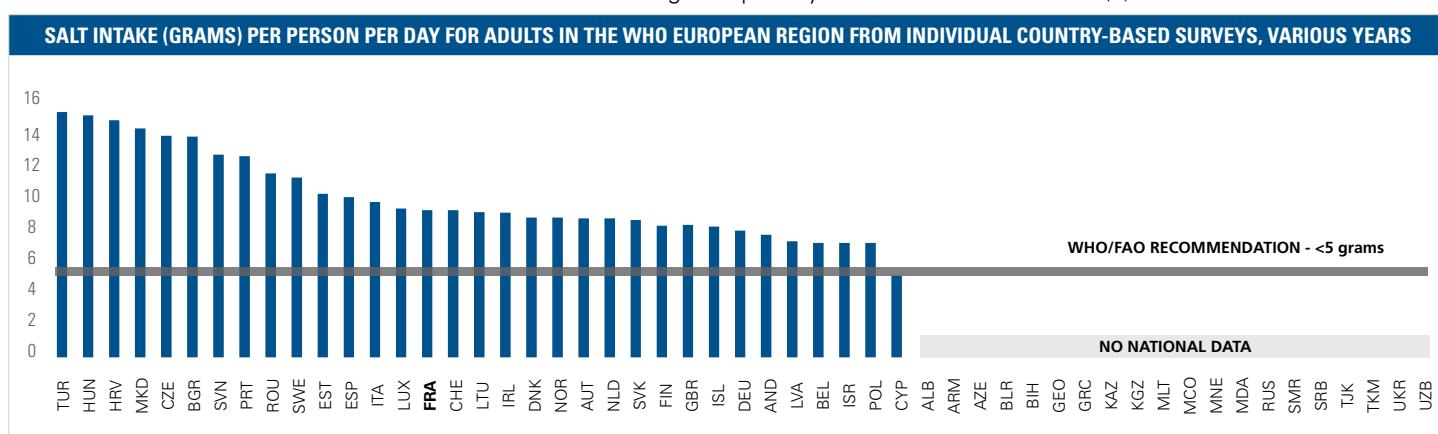


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

Salt intake

Data from 1998–1999 show that salt intake in France was 9.0 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 33.2% (5, 6).

Physical inactivity

In France, 33.0% of the population aged 15 years and over were insufficiently active (men 29.1% and women 36.5%), according to estimates generated for 2008 by WHO (7).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in France; (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 Software	Education Schools	Conference	Reporting
Industry self-reporting		Industry involvement	Food reformulation	Specific food category							
Salt content in food	xxx										
Salt intake	xx										
Consumer awareness		20% salt reduction in bread by 2012									
Behavioural change	xxx										
Urinary salt excretion (24 hrs)	xx										

Notes. xx partially implemented; xxx fully implemented.

Source: WHO Regional Office for Europe (4).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
	Voluntary	Voluntary industry action

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
✓ 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 (7).

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

As well as the Ministry of Health, the policy-making bodies responsible for addressing regulations concerning marketing to children are the Department for Competition, Consumption and Fraud Repression, the Ministry of Culture and Communication (responsible for the development of the media) and the French Audiovisual Supervisory Board (9), which is an independent administrative authority controlling the objectives, content and broadcasting of advertisements (10).

The Public Health Act of 2004 (11) – through the implementation of the Second National Nutrition and Health Programme (12) – includes two articles concerning the advertising of food and the banning of food vending machines in schools. The first article (11) stipulates that TV and radio adverts for beverages with added sugar, salt or artificial sweeteners and manufactured food products must contain the following health messages: “For the sake of your health, do not eat foods that contain too much fat, sugar or salt”; “For the sake of your health, eat at least five servings of fruit and vegetables every day”; “For the sake of your health, avoid eating snacks” and “For the sake of your health, do regular physical exercise.” The same obligation applies to the promotion of these beverages and food products, although advertisers can avoid this by paying a tax equal to 1.5% of the annual amount that they pay for advertising these types of product.

In 2008 the Minister of Health outlined the Government’s intention to regulate advertising for food and drinks during children’s TV programmes (13). She called for self-regulation by the industry, stating that if this failed she would look at the possibility of legislation banning advertisements. Several months of dialogue followed between those in favour of banning food advertising targeting children (a campaign coordinated by the French Public Health Society (14) and the French Federal Union of Consumers (15)) and those advocating less authoritative measures (mainly advertising advocates and broadcasting professionals).

As a result of this consultation, the Ministry of Health and the Ministry of Culture and Communication adopted a charter in 2009 to promote healthy diet and physical activity in TV programmes and advertisements (16). The document expresses the commitment of professionals, such as those in TV production, advertising and communication, food manufacture, and private and public TV broadcasting. A reassessment is to be carried out of the code of conduct applied by advertising professionals (17) in accordance with the rules of the Second National Nutrition and Health Programme (12).

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
✓	✓		✓ ^b	✓ ^b	✓ ^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 France 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	Ministry of Health and Sports	Government departments on health, agriculture, food, finance, trade and economy, consumer affairs, sport, education and research, social welfare; nongovernmental organizations; academia; civil society; communities; private sector

Source: country reporting template on France 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
✓ 2010	General population, vulnerable low socioeconomic groups	✓

Source: country reporting template on France 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.

References

1. WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (<http://apps.who.int/gho/data/view.main>, accessed 21 May 2013).
2. Currie C et al., eds. *Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf, accessed 21 May 2013).
3. FAOSTAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (<http://faostat.fao.org/>, accessed 21 May 2013).
4. *Mapping salt reduction initiatives in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf, accessed 29 May 2013).
5. Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. *Journal of Nutrition*, 2012, 142(4):744–750.
6. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
7. School Fruit Scheme [website]. Brussels, European Commission Directorate-General for Agriculture and Rural Development, 2012 (http://ec.europa.eu/agriculture/sfs/eu-countries/index_en.htm, accessed 21 May 2013).
8. *Marketing of foods high in fat, salt and sugar to children: update 2012–2013*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf, accessed 10 October 2013).
9. *The Conseil supérieur de l'audiovisuel*. Paris, French Audiovisual Supervisory Board, 2012 (<http://www.csa.fr/content/download/16687/310622/file/CSA+Plaquette+2012+anglais.pdf>, accessed 26 July 2013).
10. *Loi n° 86-1067 du 30 septembre 1986 relative à la liberté de communication*. Paris, French Civil Service of the Dissemination of Law, 2013 (<http://legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000512205&fastPos=1&fastReqId=78965485&categorieLien=cid&oldAction=rechTexte>, accessed 26 July 2013).
11. *Loi n° 2004-806 du 9 août 2004 relative à la politique de santé publique*. Paris, French Civil Service of the Dissemination of Law, 2013 (<http://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000000787078>, accessed 25 July 2013).
12. *Second National Nutrition and Health Programme 2006–2010: actions and measures*. Paris, Ministry of Health and Solidarity, 2006 (<http://www.sante.gouv.fr/IMG/pdf/pnns2.pdf>, accessed 26 July 2013).
13. Holdsworth M, Tessier S, Delpeuch F. *Policies for marketing food and beverages to children in France: findings from the PolMark project*. Montpellier, Institute for Research and Development, 2009.
14. Présentation [website]. Laxou, French Society of Public Health, 2013 (<http://www.sfsp.fr/>, accessed 26 July 2013).
15. UFC-Que Choisir. Qui sommes-nous [website]. Paris, French Federal Union of Consumers – Que Choisir, 2013 (<http://www.quechoisir.org/>, accessed 26 July 2013).
16. *Charte visant à promouvoir une alimentation et une activité physique favorables à la santé dans les programmes et les publicités diffusés à la télévision: rapport d'application 18 février 2009–18 février 2010*. Paris, French Audiovisual Supervisory Board, 2010 (<http://www.csa.fr/Etudes-et-publications/Les-autres-rapports/Rapport-sur-l-application-de-la-charte-alimentaire-a-la-television-Fevrier-2009-Fevrier-2010>, accessed 26 July 2013).
17. *Code ICC consolidé sur les pratiques de publicité et de communication commerciale*. Paris, International Chamber of Commerce, 2011 (http://www.jep.be/media/icc_fr_code.pdf, accessed 26 July 2013).