

Nutrition, Physical Activity and Obesity Georgia



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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 web site: <http://www.euro.who.int/en/nutrition-country-profiles>.

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DEMOGRAPHIC DATA	
Total population	4 497 600
Median age (years)	39.3
Life expectancy at birth (years) female male	78.6 70.2
GDP per capita (US\$)	3230.7
GDP spent on health (%)	10.1

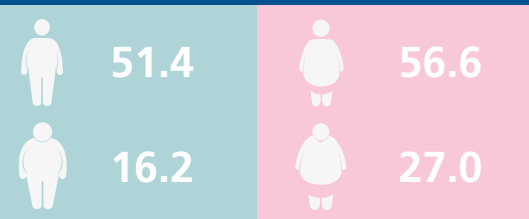
Monitoring and surveillance Overweight and obesity in three age groups

Adults (18/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 54.1% of the adult population (≥ 20 years old) in Georgia were overweight and 22.1% were obese. The prevalence of overweight was lower among men (51.4%) than women (56.6%). The proportion of men and women that were obese was 16.2% and 27.0%, respectively.

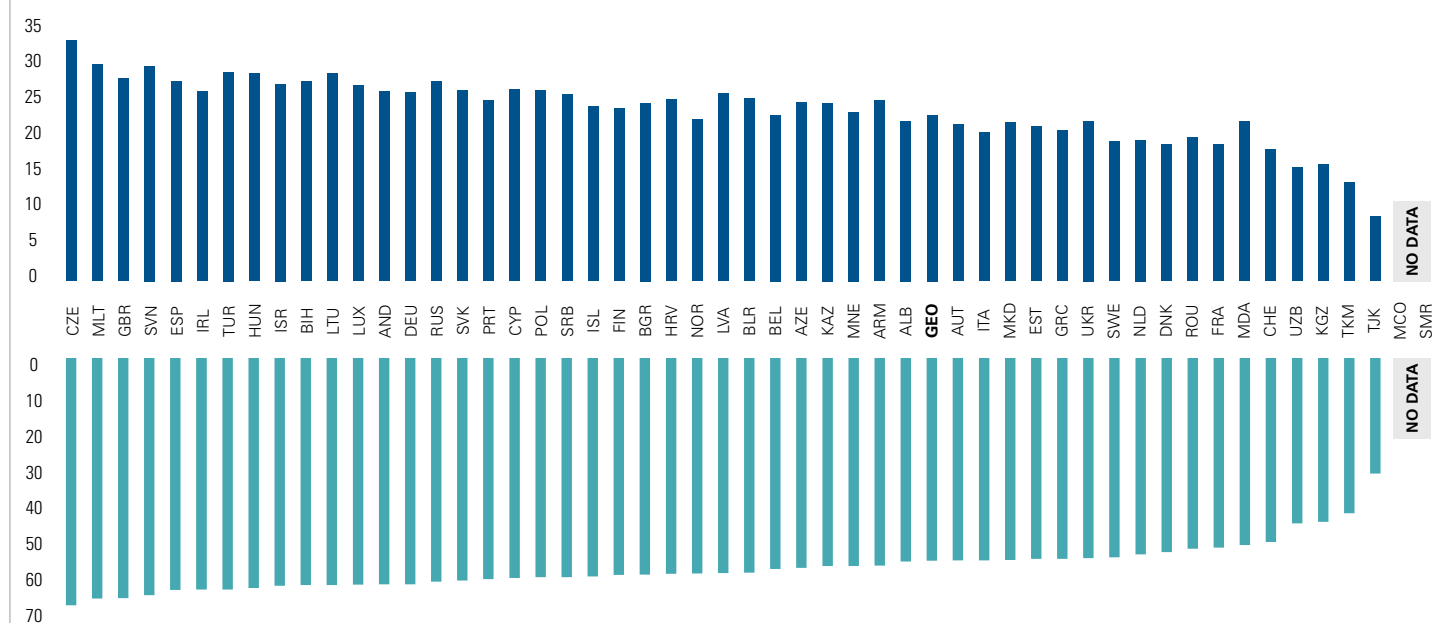
Nationally representative data collected in 2010 show that 58.6% of men and 54.2% of women aged 18–64 years were overweight (based on measured height and weight). The proportion of men and women that were obese was 21.8% and 28.5%, respectively (2). It should be taken into account that these data do not allow for comparability across countries due to sampling and methodological differences.

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

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

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 54% of men and 36% of women will be obese. By 2030, the model predicts that 82% of men and 53% of women will be obese.¹

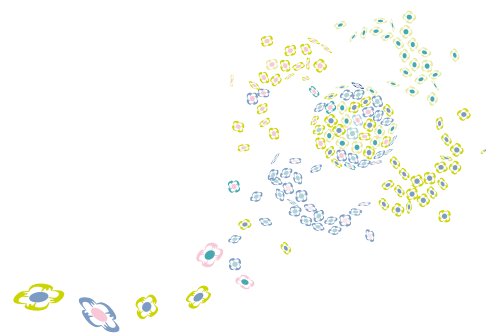
Adolescents (10–19 years)

No data are available from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).

Children (0–9 years)

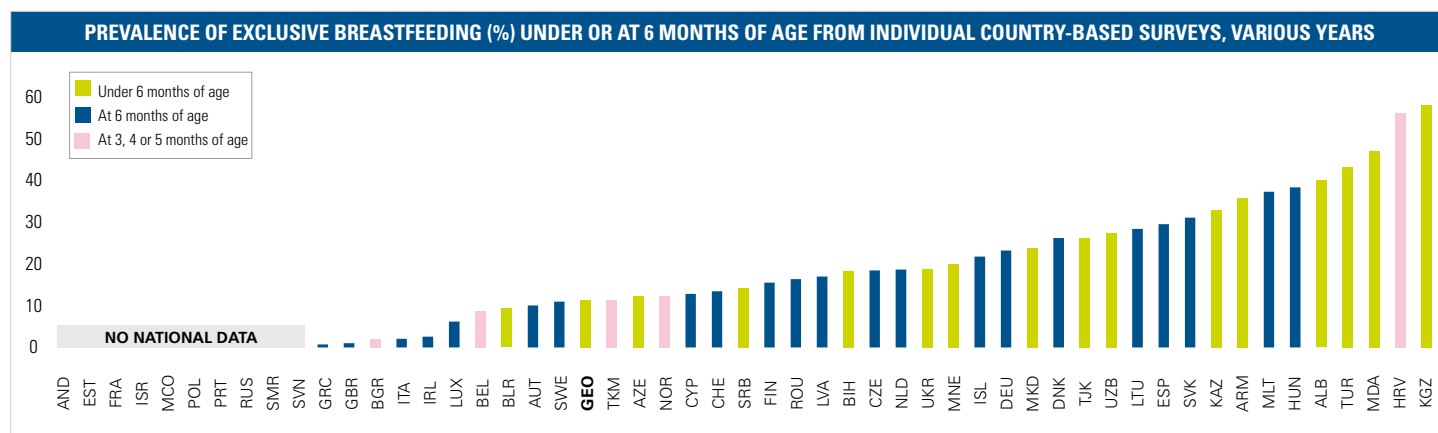
No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Georgia is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

However, nationally representative data (based on measurements of height and weight) among children aged 0–5 years collected in 2009 (3) show that 19.9% were overweight (23.3% boys, 19.2% girls) and 6.8% were obese (10.3% boys, 6.6% girls).² It should be taken into account that these national data do not allow for comparisons across countries due to sampling and other methodological differences.



Exclusive breastfeeding until 6 months of age

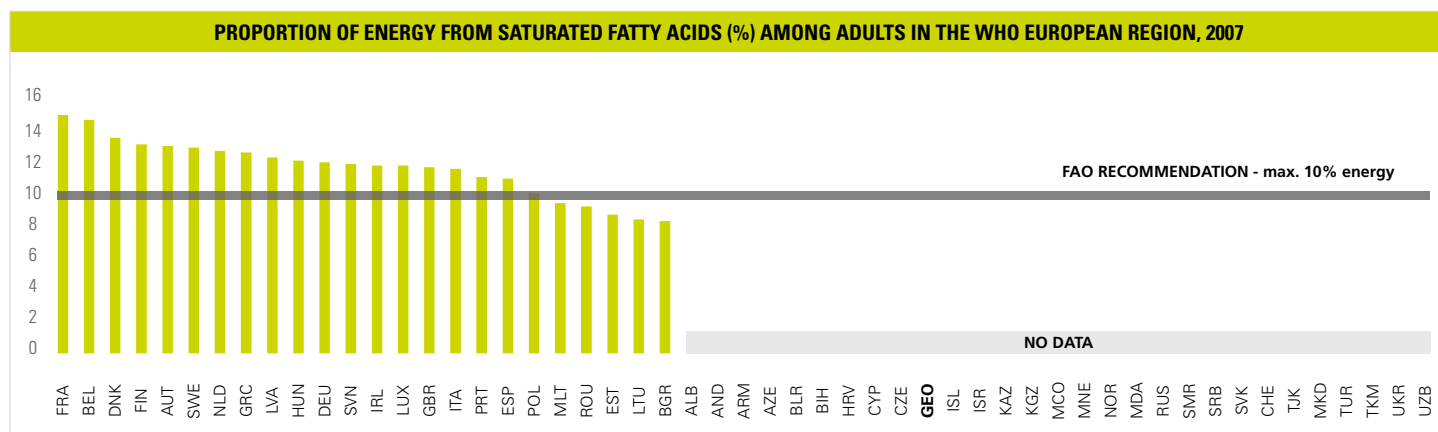
Nationally representative data from 2005 show that the prevalence of exclusive breastfeeding under 6 months of age was 10.9% in Georgia,³ while, according to the 2009 National Nutrition Survey (3) the prevalence of exclusive breastfeeding under 6 months was 54.8%.



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

No data are available.



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 (4).

Fruit and vegetable supply

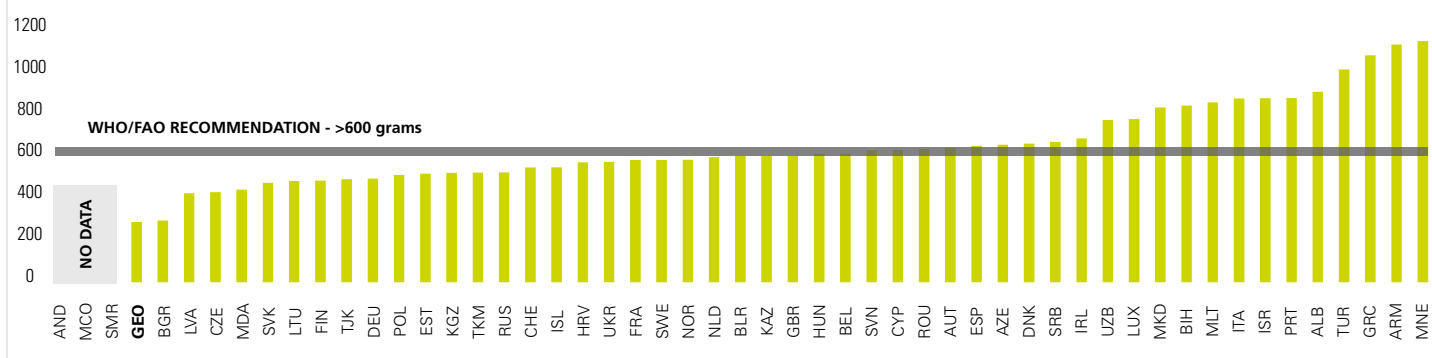
Georgia had a fruit and vegetable supply of 280 grams per capita per day, according to 2009 FAO estimates (4). According to the 2010 Noncommunicable Diseases Risk Factor Survey (2), the mean number of servings of fruit consumed on average per day by adults aged 18–64 years was 1.8 and the mean number of servings of vegetables consumed on average per day was 2.2. The proportion of the population who ate fewer than five servings of fruit and/or vegetables on average per day was 69.6%. 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.

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 2006 WHO child growth standards.

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

FRUIT AND VEGETABLE SUPPLY (GRAMS) PER PERSON PER DAY IN THE WHO EUROPEAN REGION, 2009



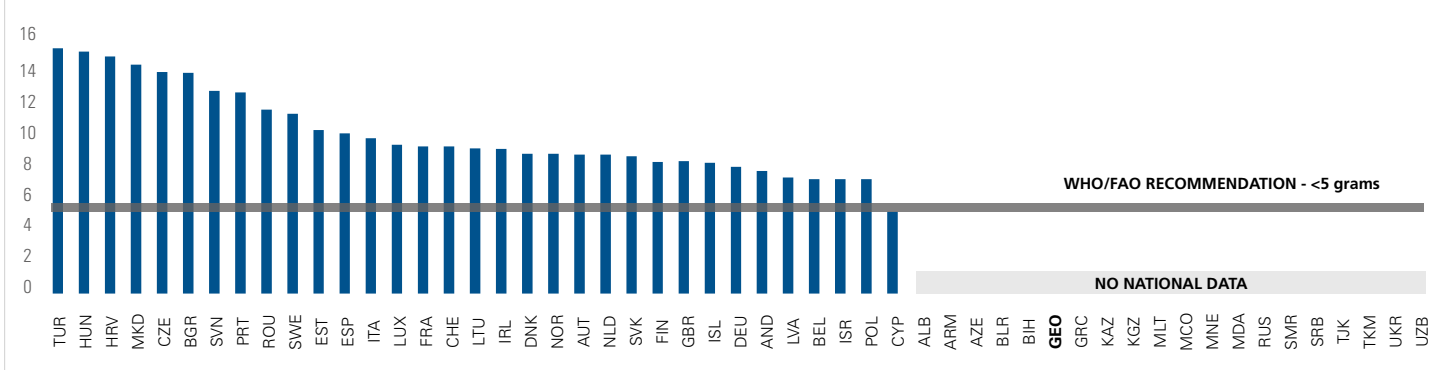
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

No data are available.

SALT INTAKE (GRAMS) PER PERSON PER DAY FOR ADULTS IN THE WHO EUROPEAN REGION 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. 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 (5).

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 4.4% (6, 7).

Physical inactivity

In Georgia, 22.9% of the population aged 15 years and over were insufficiently active (men 21.3% and women 24.2%), according to estimates generated for 2008 by WHO (1). According to the 2010 Noncommunicable Diseases Risk Factor Survey (2), 21.6% of the population aged 18–64 years had low levels of physical activity (defined as < 600 metabolic equivalent (MET)-minutes per week) (men 20.9% and women 22.3%). It should be taken into account that these latter 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 Georgia; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (5).

Salt reduction initiatives

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

Note. xx partially implemented.

Source: WHO Regional Office for Europe (5).

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

Source: 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.

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

No action has yet been taken regarding a reduction in the marketing of food and beverages to children.

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	✓ ^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 Georgia 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

Source: country reporting template on Georgia 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

Source: country reporting template on Georgia 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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7. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
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