

# Nutrition, Physical Activity and Obesity Lithuania



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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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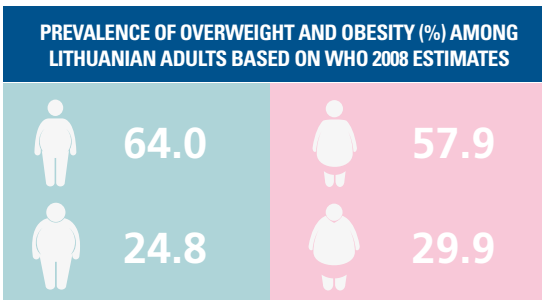
DEMOGRAPHIC DATA	
Total population	3 052 588
Median age (years)	40.0
Life expectancy at birth (years) female   male	79.1   68.1
GDP per capita (US\$)	10 167.0
GDP spent on health (%)	7.0

## Monitoring and surveillance Overweight and obesity in three age groups

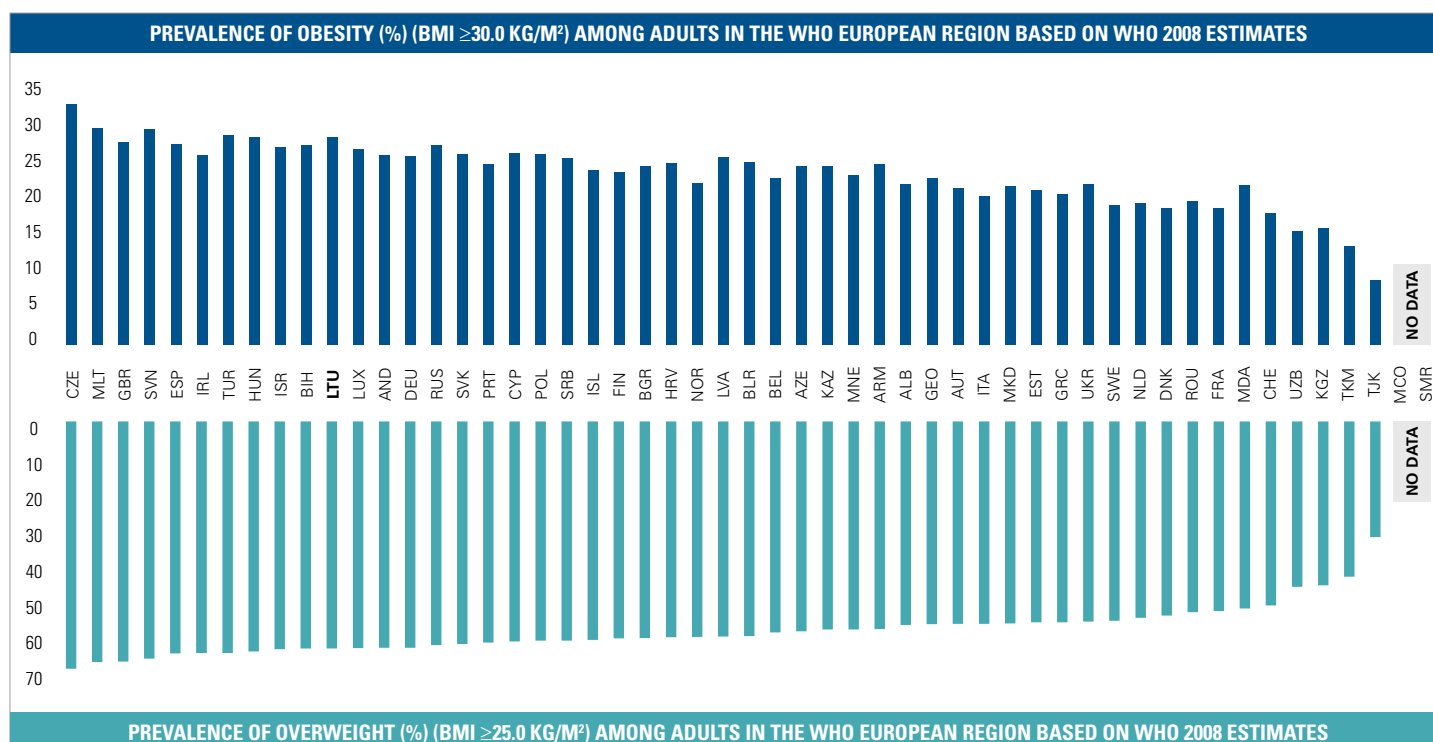
### Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 60.7% of the adult population ( $\geq 20$  years old) in Lithuania were overweight and 27.6% were obese. The prevalence of overweight was higher among men (64.0%) than women (57.9%). The proportion of men and women that were obese was 24.8% and 29.9%, respectively.

According to the FINBAL 2010 survey (nationally representative population aged 15–64 years), 56.3% were overweight and 22.2% were obese. Overweight



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).

prevalence estimates were 62.1% for men and 52.7% for women. The prevalence of obesity for men and women was 20.3% and 22.2%, respectively. (2). It should be taken into account that these data do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 12% of men and 14% of women will be obese. By 2030, the model predicts that 10% of men and 10% of women will be obese.<sup>1</sup>

### Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 27% of boys and 13% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).<sup>2</sup> Among 13-year-olds, the corresponding figures were 18% for boys and 11% for girls, and among 15-year-olds, 15% and 5%, respectively (3).

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

27	13	18	11	15	5
11-year-olds		13-year-olds		15-year-olds	

Source: Currie et al. (3).

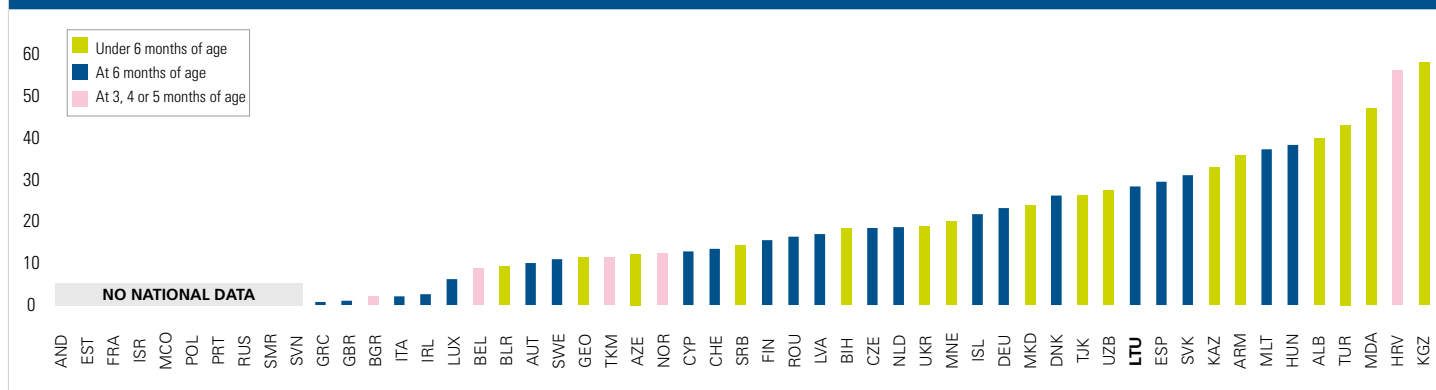
### Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 7-year-olds in Lithuania, 24.8% of boys and 21.0% of girls were overweight and 9.4% and 7.2%, respectively, were obese (4).<sup>2</sup>

### 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 27.4% in Lithuania.<sup>3</sup>

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

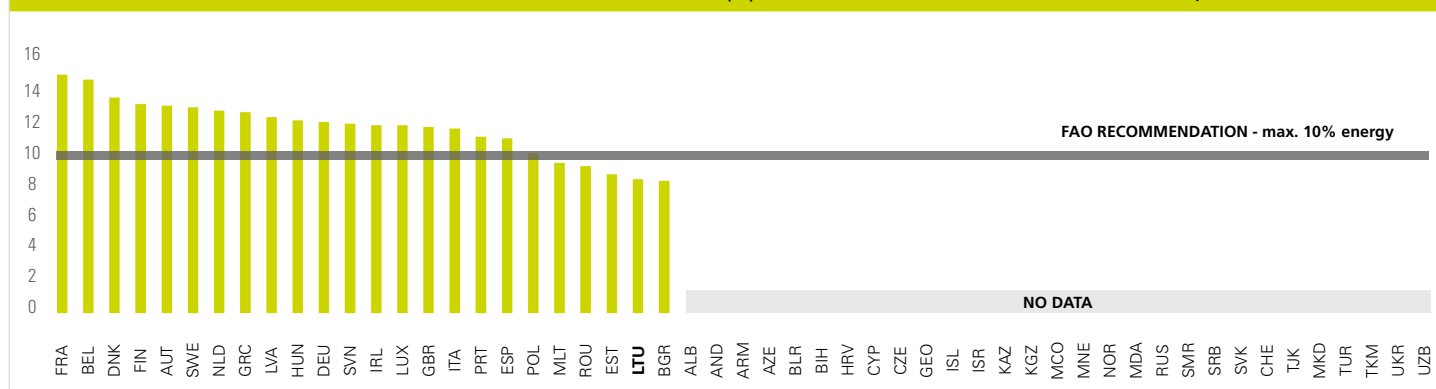


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Lithuania consumed 8.2% of their total calorie intake from saturated fatty acids (5). According to national data from 2007, the adult population aged 19–64 years in Lithuania consumed 13.2% of their total calorie intake from saturated fatty acids (13.5% for men and 12.9% for women) (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.

### 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 (5).

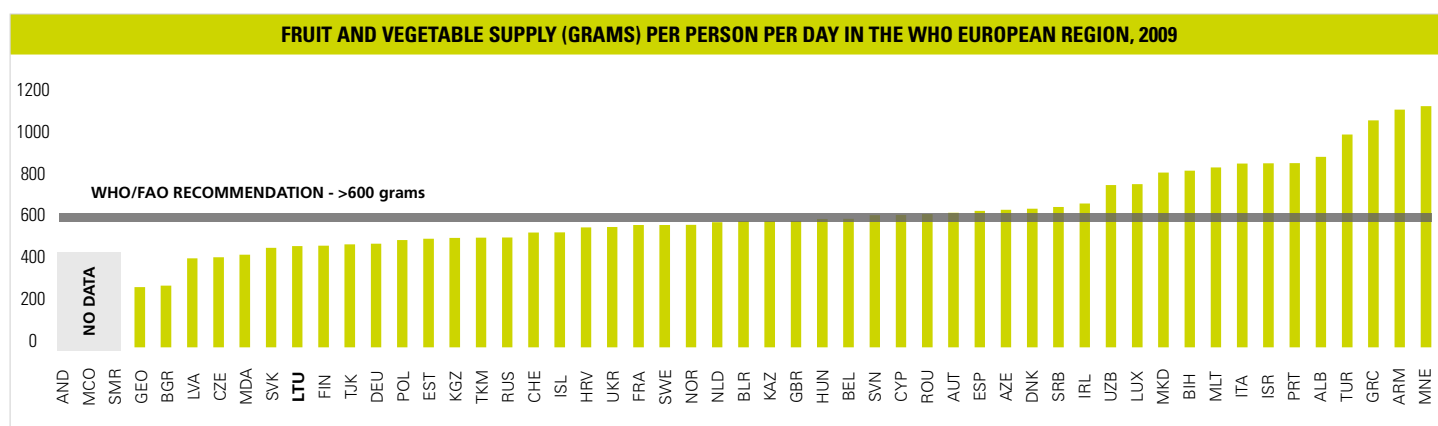
<sup>1</sup> Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

<sup>2</sup> Based on 2007 WHO growth reference.

<sup>3</sup> WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

## Fruit and vegetable supply

Lithuania had a fruit and vegetable supply of 471 grams per capita per day, according to 2009 estimates (5).

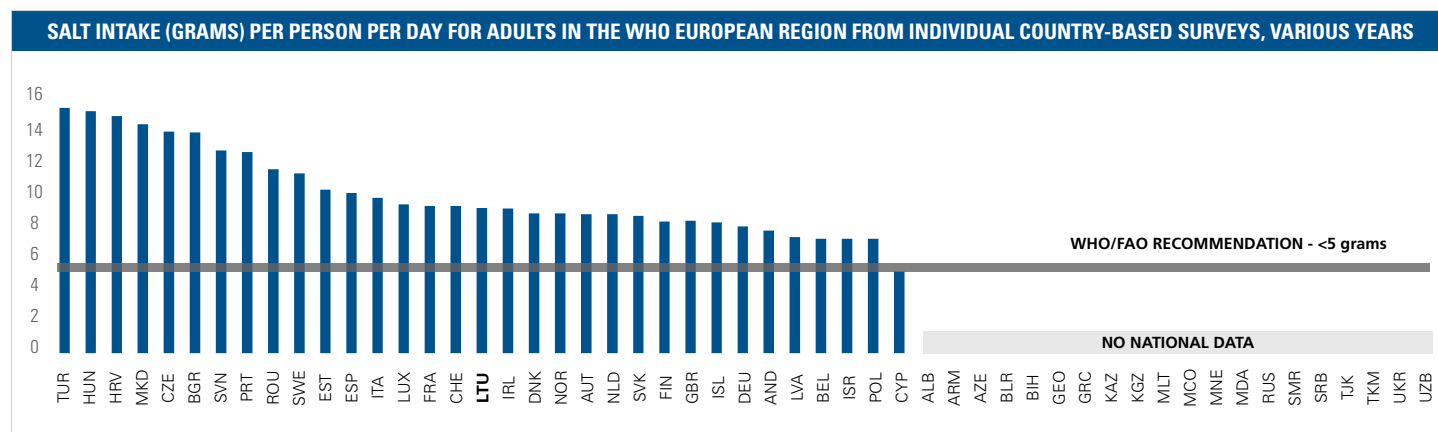


*Notes.* The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

*Source:* FAOSTAT (5).

## Salt intake

Data from 2007 show that salt intake in Lithuania was 10.9 grams per day for men and 7.1 grams per day for 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 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 (7).

## 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 59.7% (8, 9).

## Physical inactivity

In Lithuania, 23.0% of the population aged 15 years and over were insufficiently active (men 20.9% and women 24.8%), according to estimates generated for 2008 by WHO (1). A national survey conducted in 2011 by the Department of Physical Education and Sports within the Government of Lithuania reported that about 20% of the population aged 7–80 years were engaged in organized physical activity (PA) (in clubs, schools, universities, sports centres, and so on) (10). The FINBALT 2010 survey reported that the proportion of adults aged 20–65 years partaking in leisure time physical exercise for at least 30 minutes on four days or more per week was 10.1% (2). In addition, the proportion of individuals walking or cycling to and from work for at least 15 minutes was 37%. It should be taken into account that data from the two last mentioned surveys 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 Lithuania; (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 awareness initiatives					
Industry self-reporting		Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Salt content in food											
Salt intake	xxx										
Consumer awareness		xx		10% salt reduction in bread by 2013					Health care facilities		
Behavioural change	xxx										
Urinary salt excretion (24 hrs)					xxx	xx	xx		xx		xx

Notes: **xx** partially implemented; **xxx** fully implemented.

Source: WHO Regional Office for Europe (7).

## 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
	✓

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 (11).

## Marketing of food and non-alcoholic beverages to children (12)

A draft law on advertising is being processed which prohibits advertisements for confectionery, soft drinks and snacks on TV and radio programmes, as well as in press publications intended for children. A procedure for the provision of healthy nutrition in primary and secondary schools was adopted in 2010 through Ministerial Order V-645 (13). It restricts the supply of food and products high in fat, sugar and salt (HFSS) in school meals. A "Procedure for approval of the catering in preschool education, general education schools and children's social care institutions" – adopted in 2011 through Ministerial Order V-964 – restricts the supply of HFSS food and products to all children's establishments (14). Article 17 prohibits the provision of food that contains more than 0.4 grams of sodium per 100 grams.

## 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
✓			✓ <sup>a</sup>	✓ <sup>a</sup>		

<sup>a</sup> Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Lithuania 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
✓ 2002	Ministry of Health, Ministry of the Interior and Department on Physical Education and Sports	Government departments on health, food, sport, urban planning, education and research, social welfare; nongovernmental organizations, Sport for All Association; academia; civil society; communities; media

Source: country reporting template on Lithuania 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 Lithuania 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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