

# Nutrition, Physical Activity and Obesity Hungary



REGIONAL OFFICE FOR Europe



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Playful gymnastics with water in Árpád Primary School in Nagyatád, Hungary, in the context of the "Hungarian Aqua Promotion in the Young" (HAPPY) week, organized by the National Institute for Food and Nutrition Science

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>.

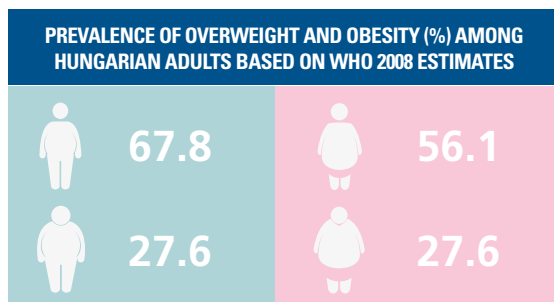
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DEMOGRAPHIC DATA	
Total population	9 984 000
Median age (years)	39.8
Life expectancy at birth (years) female   male	77.6   69.5
GDP per capita (US\$)	12 884.0
GDP spent on health (%)	7.3

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

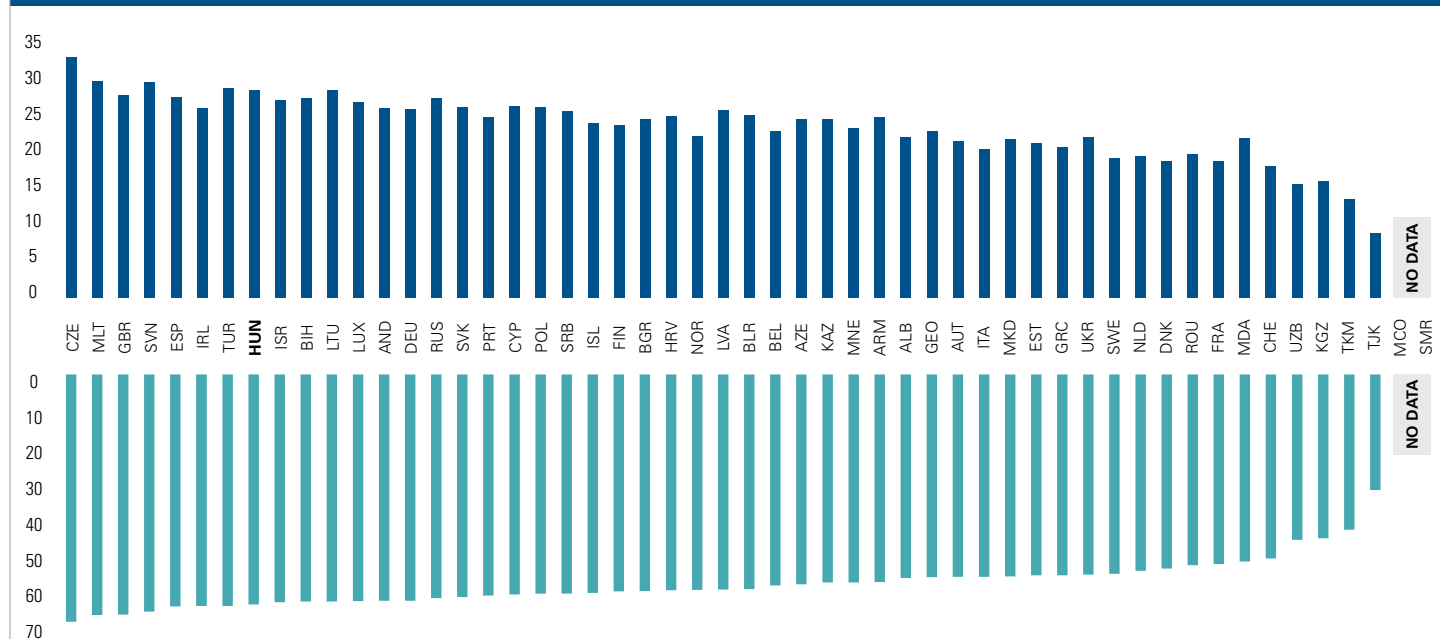
### Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 61.5% of the adult population ( $\geq 20$  years old) in Hungary were overweight and 27.6% were obese. The prevalence of overweight was higher among men (67.8%) than women (56.1%). The proportion of men and women that were obese was 27.6% in each case. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 20% of men and 21% of women will be obese. By 2030, the model predicts that 20% of both men and women will be obese.<sup>1</sup>



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

### PREVALENCE OF OBESITY (%) (BMI $\geq 30.0$ KG/M<sup>2</sup>) AMONG ADULTS IN THE WHO EUROPEAN REGION BASED ON WHO 2008 ESTIMATES



### PREVALENCE OF OVERWEIGHT (%) (BMI $\geq 25.0$ KG/M<sup>2</sup>) 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).

<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.

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 29% of boys and 18% 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 26% for boys and 13% for girls, and among 15-year-olds, 22% and 12%, respectively (2).

## Children (0–9 years)

No data are available from the WHO European Childhood Obesity Surveillance Initiative (COSI) 2007/2008 round. Hungary, however, joined the second COSI data collection round during the school year 2009/2010. Inter-country data analysis is under way.

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

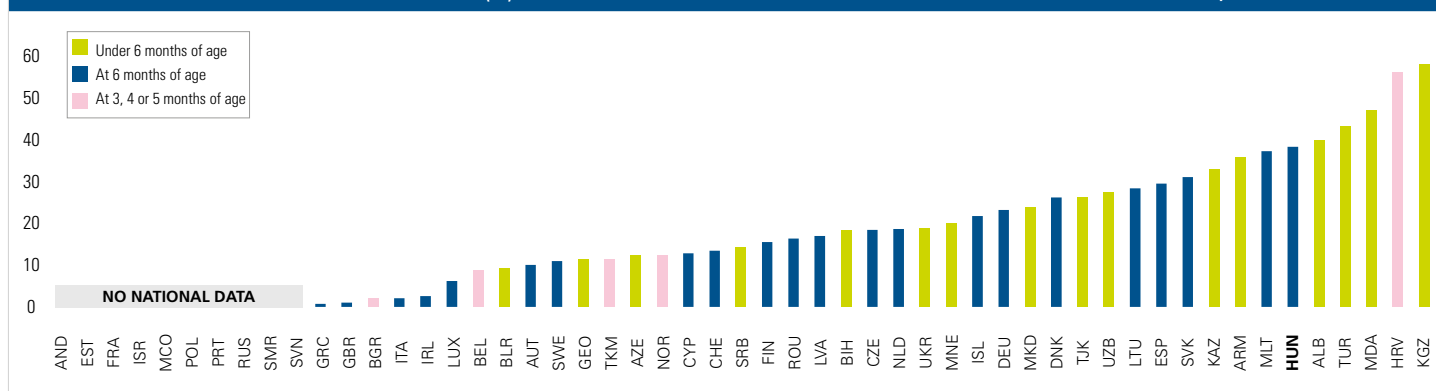
29	18	26	13	22	12
11-year-olds		13-year-olds		15-year-olds	

Source: Currie et al. (2).

## Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that the prevalence of exclusive breastfeeding at 6 months of age was 37.0% in Hungary.<sup>3</sup>

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



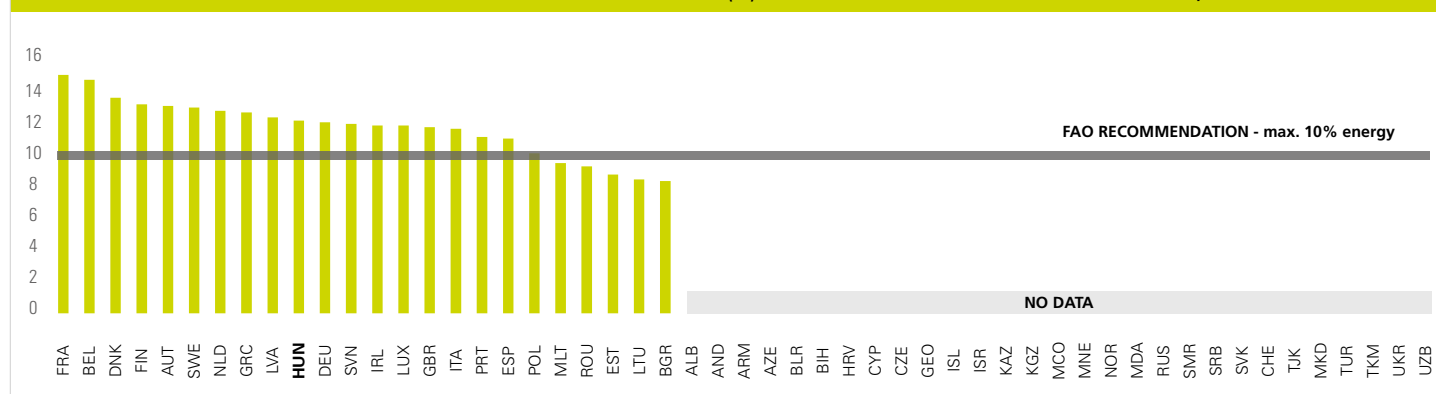
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

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

## Saturated fat intake

According to 2007 estimates, the adult population in Hungary consumed 11.8% 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.

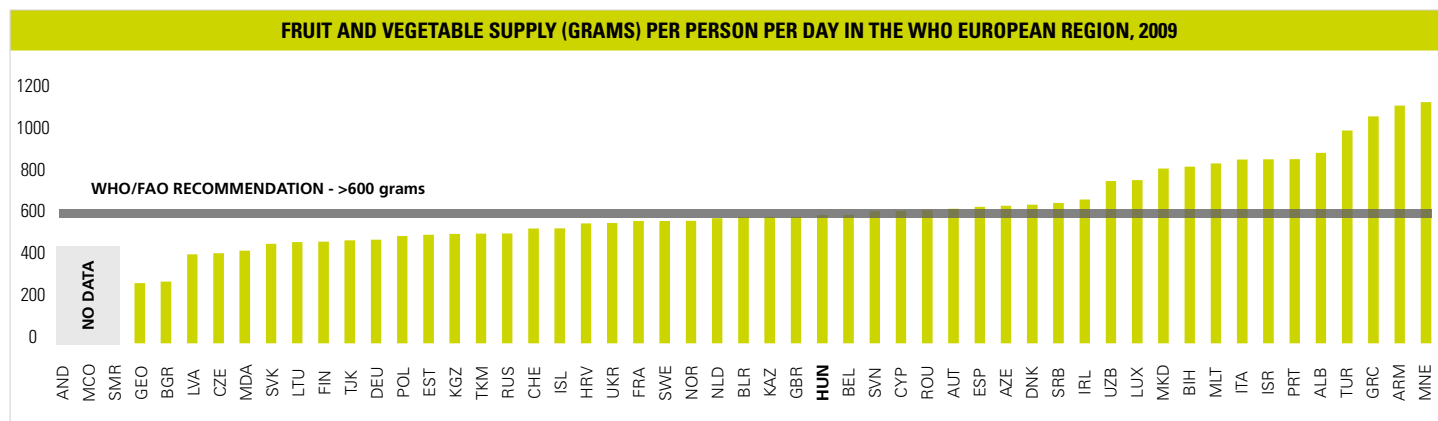
Source: FAOSTAT (3).

<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

Hungary had a fruit and vegetable supply of 597 grams per capita per day, according to 2009 estimates (3).

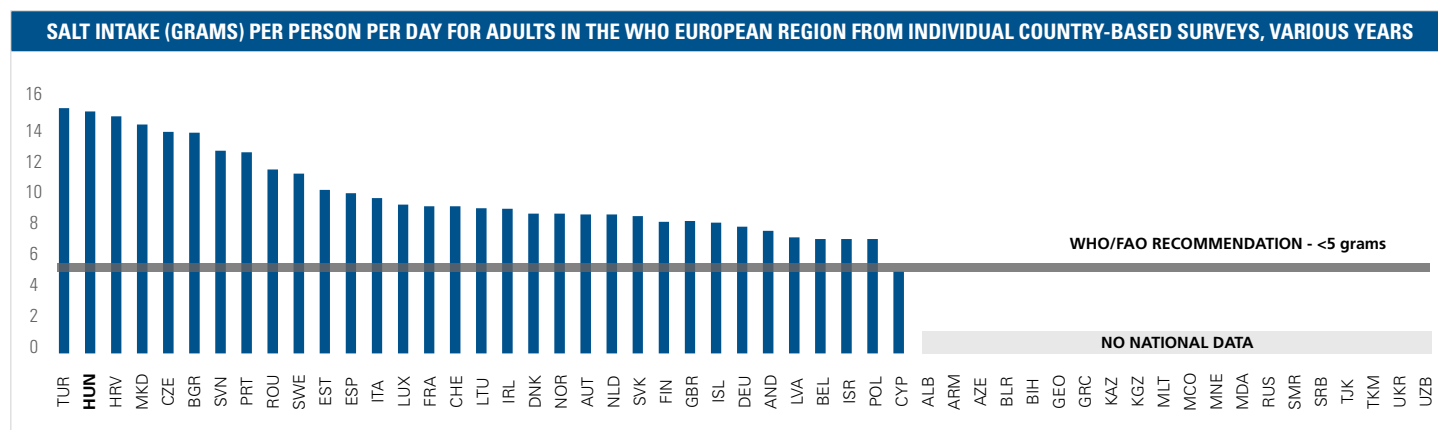


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

## Salt intake

Data from 2009 show that salt intake in Hungary was 17.5 grams per day for men and 12.1 grams per day 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 57.2% (5, 6).

## Physical inactivity

In Hungary, 28.6% of the population aged 15 years and over were insufficiently active (men 27.6% and women 29.5%), 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 Hungary; (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					
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	16% salt reduction in bread by 2017							
Behavioural change	XX										
Urinary salt excretion (24 hrs)					XX	XXX	XXX	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)

Taxes	School fruit schemes
<ul style="list-style-type: none"> <li>✓ Tax on sugar content</li> <li>✓ Tax on sodium content</li> <li>✓ Tax on sugar-sweetened beverages by volume</li> </ul>	✓

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)

Marketing in institutions for children under the age of 14 years is prohibited (9). There is also a Hungarian advertising code dealing with ethics, developed by a self-regulating marketing body (10). A proposal for limiting the marketing of food and beverages to children was included in the Hungarian Nutrition Action Plan for 2010–2013, but the plan has not been approved by the Government (11).

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

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

Source: country reporting template on Hungary 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
✓	Ministry of Local Government	Government departments on health, sport, transport; nongovernmental organizations; civil society

Source: country reporting template on Hungary 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 Hungary 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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