

# Nutrition, Physical Activity and Obesity Romania



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	21 486 000
Median age (years)	38.4
Life expectancy at birth (years) female   male	76.8   69.6
GDP per capita (US\$)	7522.0
GDP spent on health (%)	5.6

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

### Adults (20 years and over)

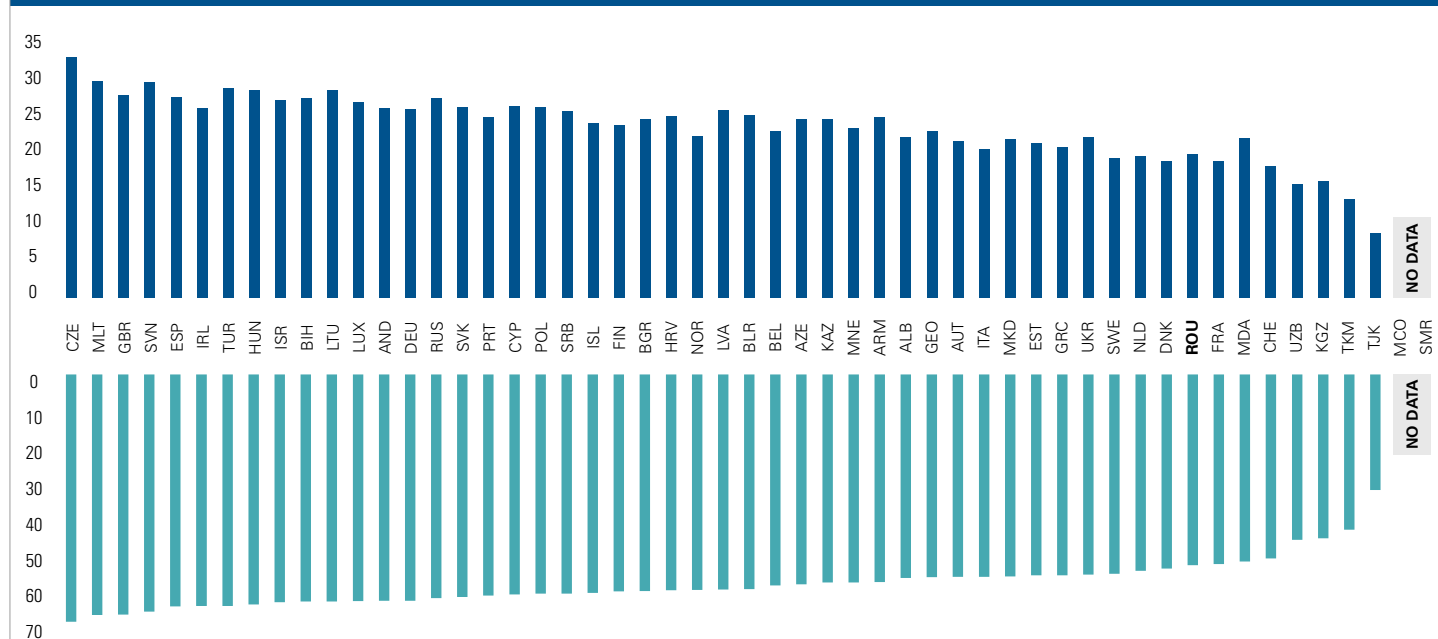
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 51.0% of the adult population ( $\geq 20$  years old) in Romania were overweight and 19.1% were obese. The prevalence of overweight was higher among men (53.1%) than women (49.1%). The proportion of men and women that were obese was 16.9% and 21.2%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 12% of men and 9% of women will be obese. By 2030, the model predicts that 15% of men and 10% of women will be obese.<sup>1</sup>

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



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.

## Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 33% of boys and 19% 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 25% for boys and 15% for girls, and among 15-year-olds, 27% and 10%, respectively (2).<sup>2</sup>

## Children (0–9 years)

No data are available from the WHO European Childhood Obesity Surveillance Initiative (COSI) 2007/2008 round. Romania, however, joined the third COSI data collection round during the school year 2012/2013.

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

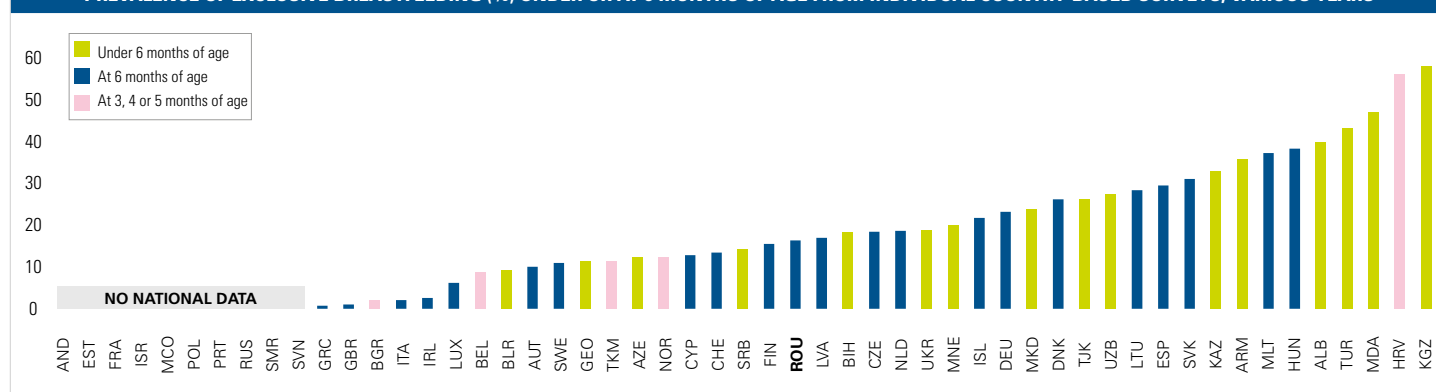
Age Group	Boys (%)	Girls (%)
11-year-olds	33	19
13-year-olds	25	15
15-year-olds	27	10

Source: Currie et al. (2).

## Exclusive breastfeeding until 6 months of age

Nationally representative data from 2004 show that the prevalence of exclusive breastfeeding at 6 months of age was 15.8% in Romania.<sup>3</sup>

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



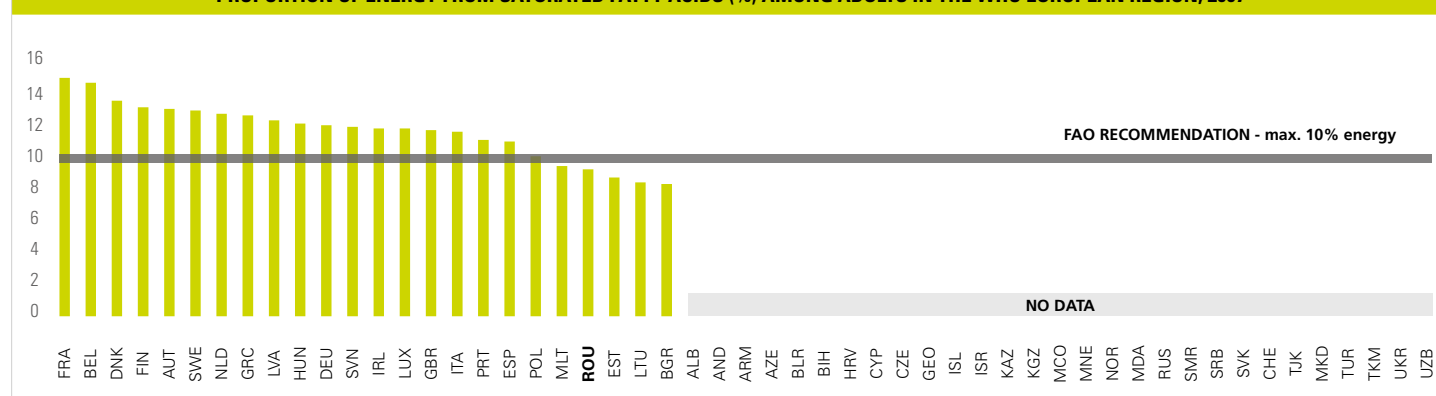
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Romania consumed 9% 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.

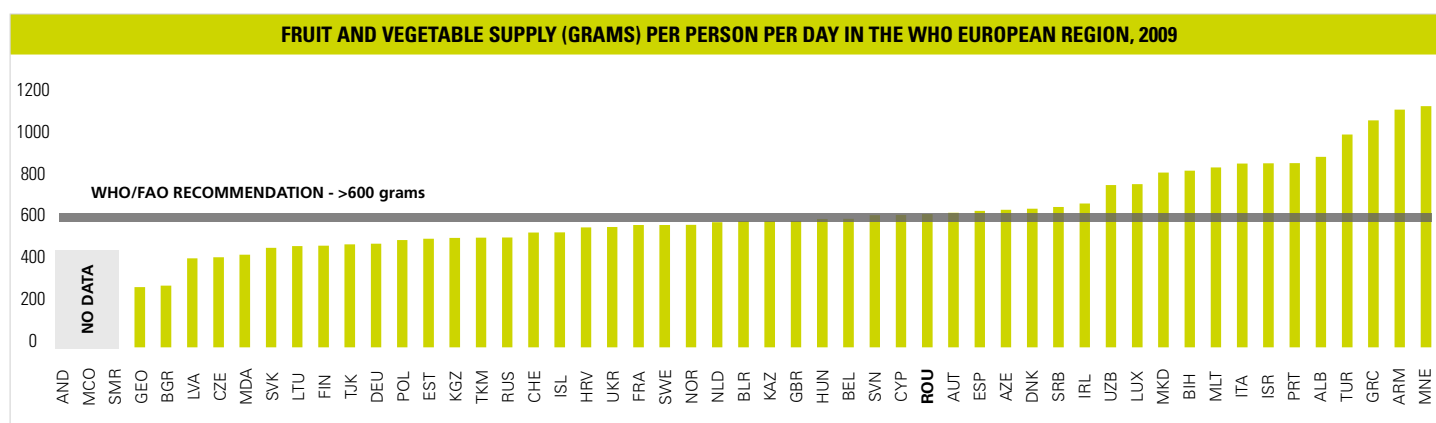
Source: FAOSTAT (3).

<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

Romania had a fruit and vegetable supply of 620 grams per capita per day, according to 2009 estimates (3).

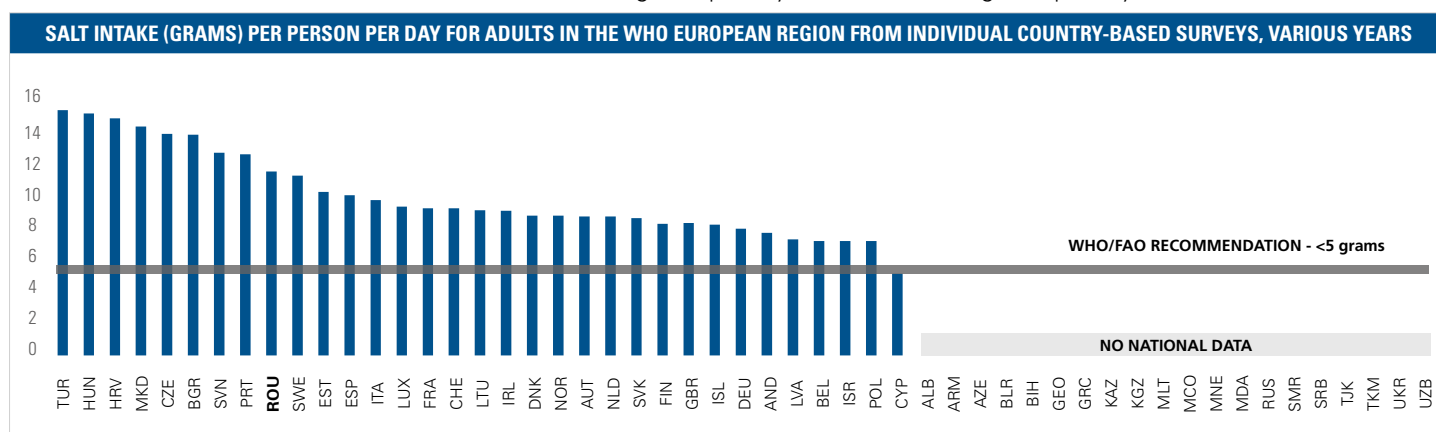


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

## Salt intake

Data from 2010 show that salt intake in Romania was 12.5 grams per day for men and 10.2 grams per day for 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 46.9% (5, 6).

## Physical inactivity

In Romania, 39.9% of the population aged 15 years and over were insufficiently active (men 31.2% and women 47.9%), 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 Romania; (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	XX	Industry involvement	Food reformulation	Specific food category							
Salt content in food	XXX										
Salt intake	XX										
Consumer awareness	XX								Health care facilities		
Behavioural change		XXX	XX								
Urinary salt excretion (24 hrs)					XX	XX	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
✓ 2008	Mandatory restriction of foods containing TFA in schools	Mandatory compositional restrictions of TFA in fats in food for children

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 (7).

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

Ministerial Order 1563/2008 – which addresses the approval of the list of foods not recommended for preschool children and schoolchildren and the principles underlying healthy diets for children and adolescents – established the criteria for which specific food items should not be recommended (9). These food items are banned from sale on school premises in order to encourage schoolchildren to adopt healthy dietary habits (10).

## 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>a</sup>	✓ <sup>a</sup>	

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

Source: country reporting template on Romania 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
✓ 2000	National Authority for Sport and Youth	Government departments on education, research, youth and sport; Romanian Olympic and Sports Committee

Source: country reporting template on Romania 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	

Source: country reporting template on Romania 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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