

# Nutrition, Physical Activity and Obesity Montenegro



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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

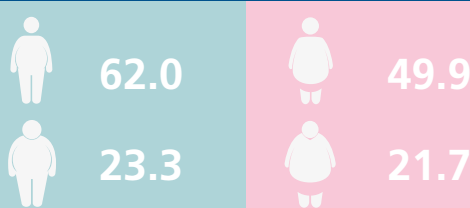
Total population	631 000
Median age (years)	35.9
Life expectancy at birth (years) female   male	77.4   72.5
GDP per capita (US\$)	6509.8
GDP spent on health (%)	9.1

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

### Adults (20 years and over)

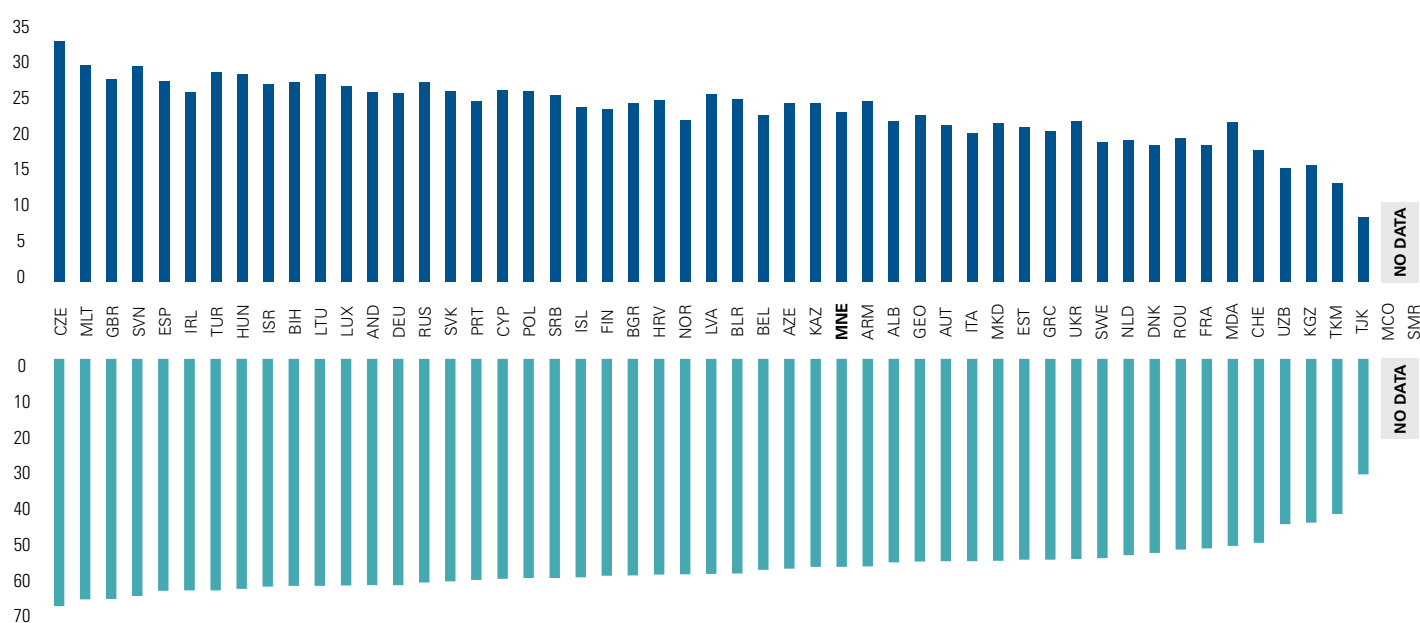
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 55.6% of the adult population ( $\geq 20$  years old) in Montenegro were overweight and 22.5% were obese. The prevalence of overweight was higher among men (62.0%) than women (49.9%). The proportion of men and women that were obese was 23.3% and 21.7%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 15% of men and 23% of women will be obese. By 2030, the model predicts that 16% of men and 22% of women will be obese.<sup>1</sup>

### PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG MONTENEGRIN 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).

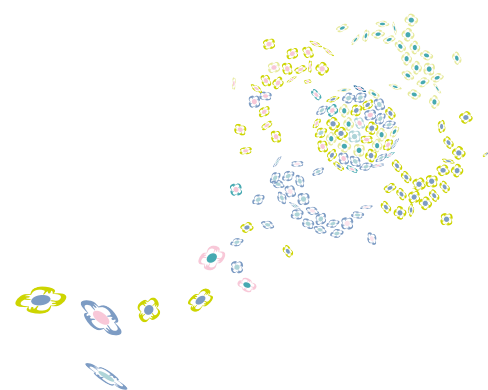
<sup>1</sup> Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

## Adolescents (10–19 years)

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

## Children (0–9 years)

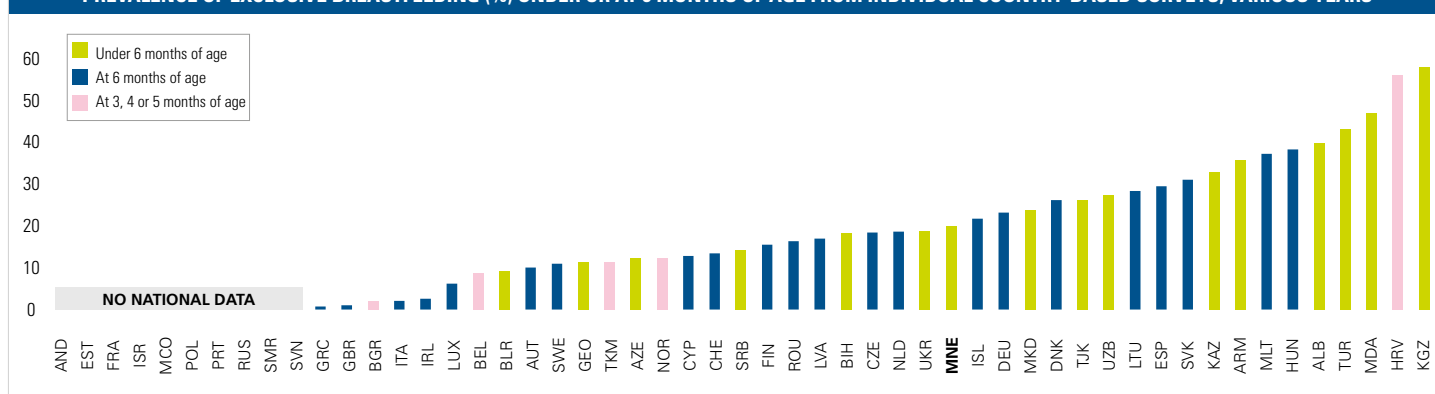
No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Montenegro is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).



## 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 19.3% in Montenegro.<sup>2</sup>

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



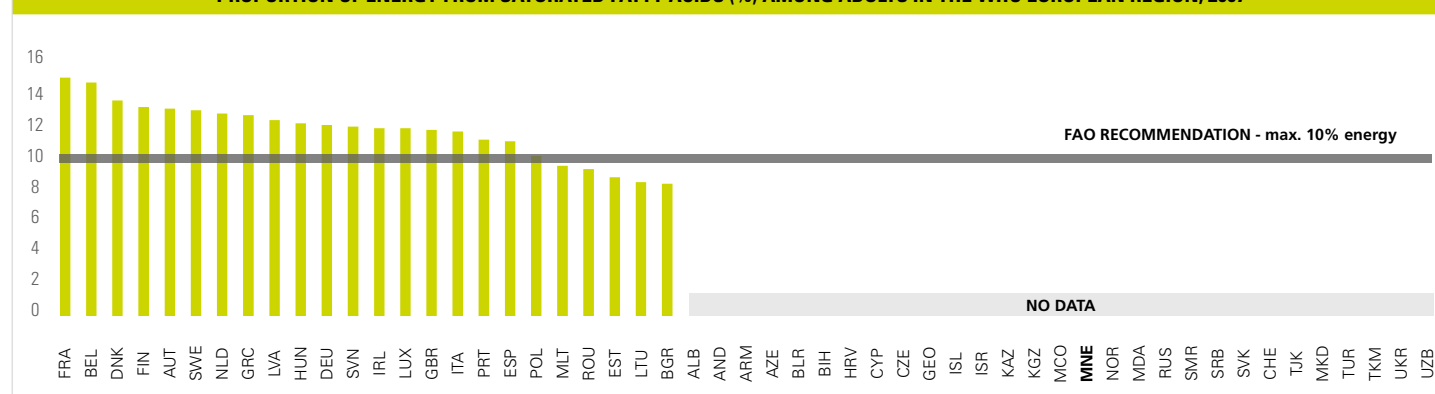
*Notes.* The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between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

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

## Saturated fat intake

No data are available.

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



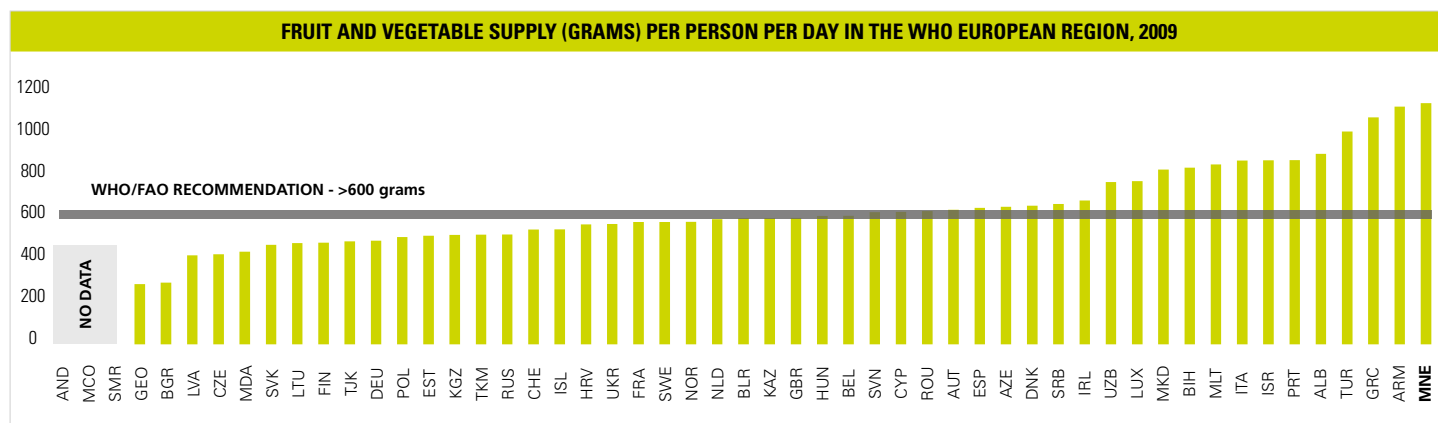
*Notes.* The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the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

*Source:* FAOSTAT (2).

<sup>2</sup> WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

## Fruit and vegetable supply

Montenegro had a fruit and vegetable supply of 1122 grams per capita per day, according to 2009 estimates (2).

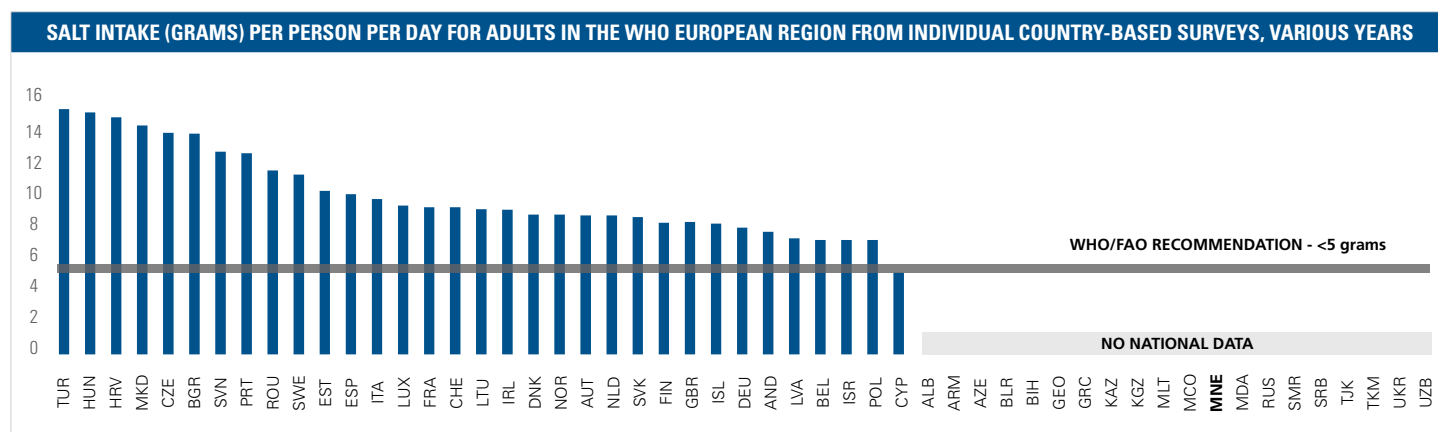


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (2).

## Salt intake

No data are available.



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 (3).

## 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 16.7% (4, 5).

## Physical inactivity

No data are available for the adult population.

## Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Montenegro; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (3).

### 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	Conference	Reporting
Salt content in food	XX								Schools		
Salt intake									Health care facilities		
Consumer awareness		XX		Recommendation to lower the salt content of processed foods by 10%					XX		
Behavioural change											
Urinary salt excretion (24 hrs)											

Note. XX partially implemented.

Source: WHO Regional Office for Europe (3).

## 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 (6)

The Food and Nutrition Action Plan addresses the issue of developing and introducing control over the marketing of food and beverages for children (7). The Ministry of Health, the Ministry of Agriculture, Forestry and Water Management, the food industry and consumers' associations are the key institutions implementing these activities.

The Law on Food Safety of 21 December 2007 (article 30) defines the marketing and presentation of food products, their design, the environment for presentation of them and information on them that is available in print and other media. Under this law, it is not permitted to entice consumers and it is forbidden to attribute any healthy/healing effects to the products (8).

According to the Law on Protection of Consumers of 16 May 2007 (article 88), it is forbidden to: advertise food to minors; advertise food with minors as actors; and use advertisements for food that could lead minors to behave in a way that would impair their health or psychological and moral development (9).

Furthermore, within the framework of bilateral collaboration between the Ministry of Health and the WHO Regional Office for Europe, a plan to collaborate in this area has been agreed in order to facilitate policy processes and mechanisms regarding food marketing communications to children. This should help to reduce the impact on children of the marketing of foods high in fat, sugar or salt during the 2012–2013 biennium.

## 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> Clearly stated in a policy document, partially implemented or enforced.

Source: country reporting template on Montenegro 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 Montenegro 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 Montenegro 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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