

Nutrition, Physical Activity and Obesity

Norway



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	5 053 477
Median age (years)	38.7
Life expectancy at birth (years) female male	83.5 79.1
GDP per capita (US\$)	84 588.7
GDP spent on health (%)	9.5

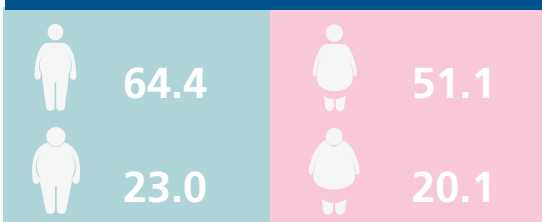
Monitoring and surveillance

Overweight and obesity in three age groups

Adults (20 years and over)

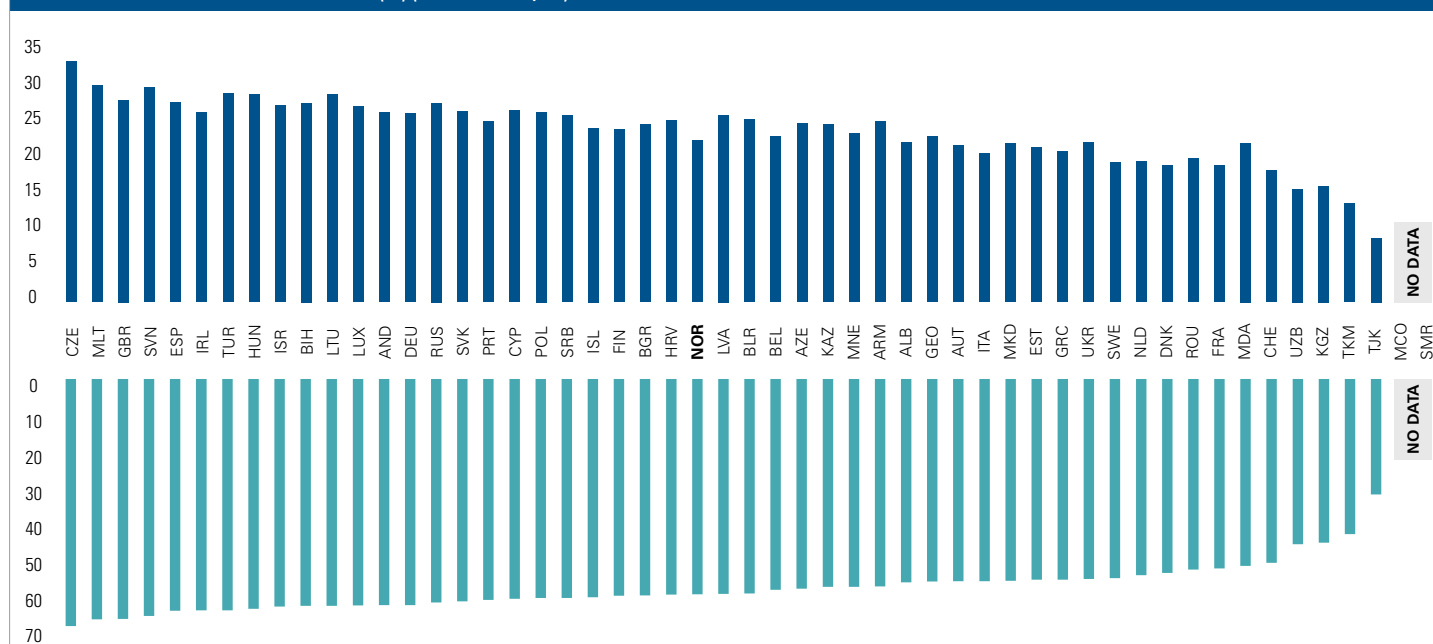
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 57.6% of the adult population (≥ 20 years old) in Norway were overweight and 21.5% were obese. The prevalence of overweight was higher among men (64.4%) than women (51.1%). The proportion of men and women that were obese was 23.0% and 20.1%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 20% of men and 13% of women will be obese. By 2030, the model predicts that 30% of men and 17% of women will be obese.¹

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

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.

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 21% of boys and 12% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 19% for boys and 11% for girls, and among 15-year-olds, 21% and 12%, respectively (2).

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 8-year-olds in Norway, 23.0% of boys and 23.1% of girls were overweight, and 7.5% and 6.0%, respectively, were obese (3).²

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

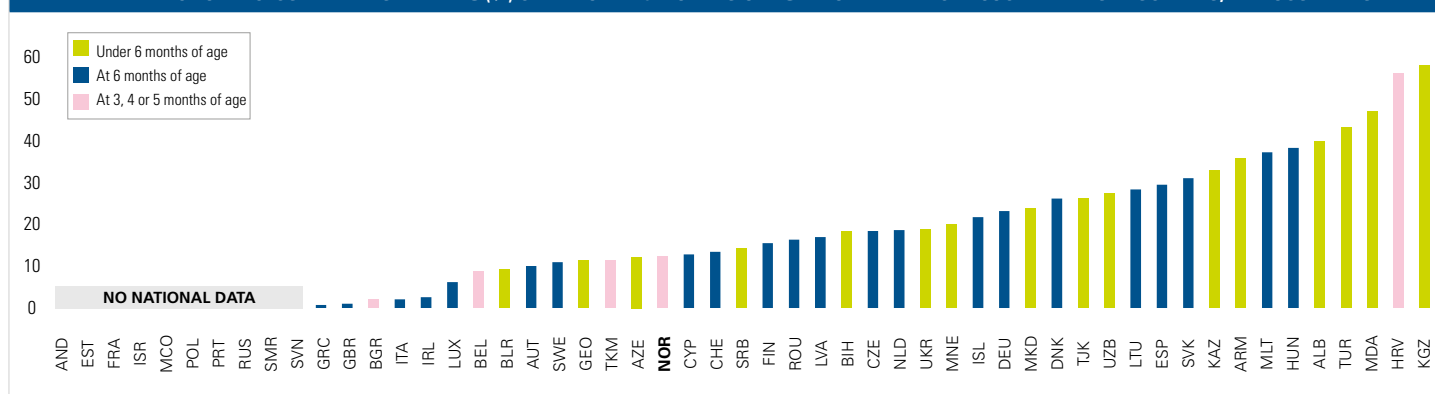


Source: Currie et al. (3).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2006 show that the prevalence of exclusive breastfeeding at 5.5 months of age was 12% in Norway.³

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



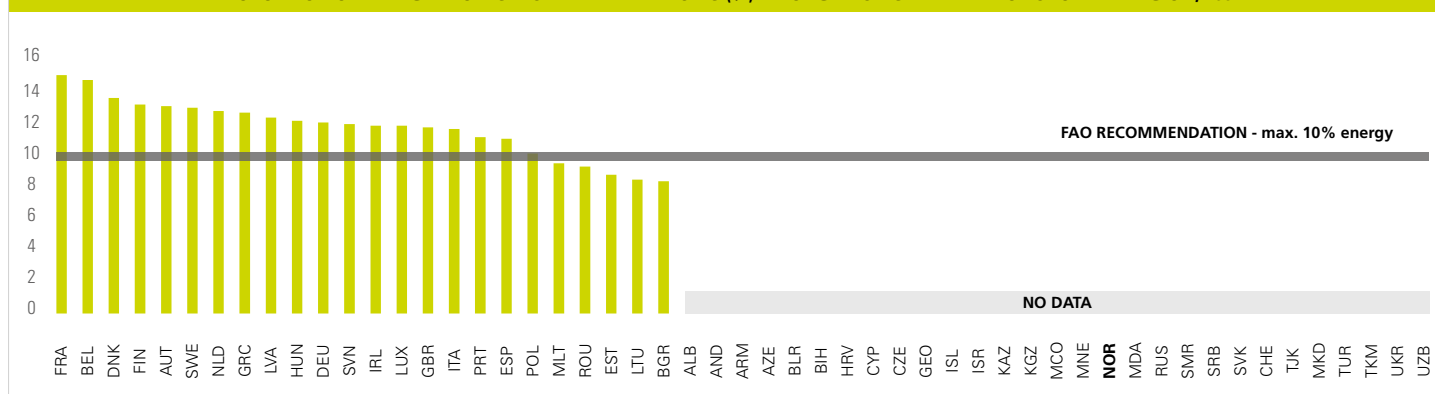
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

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

Saturated fat intake

No estimates are available from the Food and Agriculture Organization of the United Nations (FAO) from 2007 (4). However, according to national data from 2010–2011, the adult population aged 18–70 years in Norway consumed 13% of their total calorie intake from saturated fatty acids (5). It should be taken into account that these 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 (4).

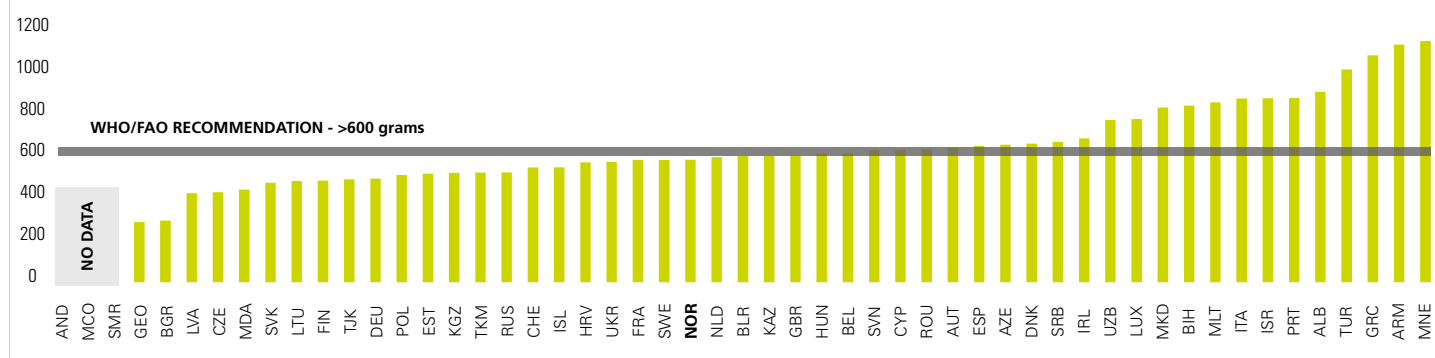
Fruit and vegetable supply

Norway had a fruit and vegetable supply of 570 grams per capita per day, according to 2009 FAO estimates (4). According to national data from 2010–2011, the mean consumption of fruit, vegetables and berries was 363 grams per day for adult men and 387 grams per day for adult women (18–70 years). Approximately 20% of adults consumed more than the recommended daily intake of 500 grams of fruit and vegetables (5). 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.

² Based on 2007 WHO growth reference.

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



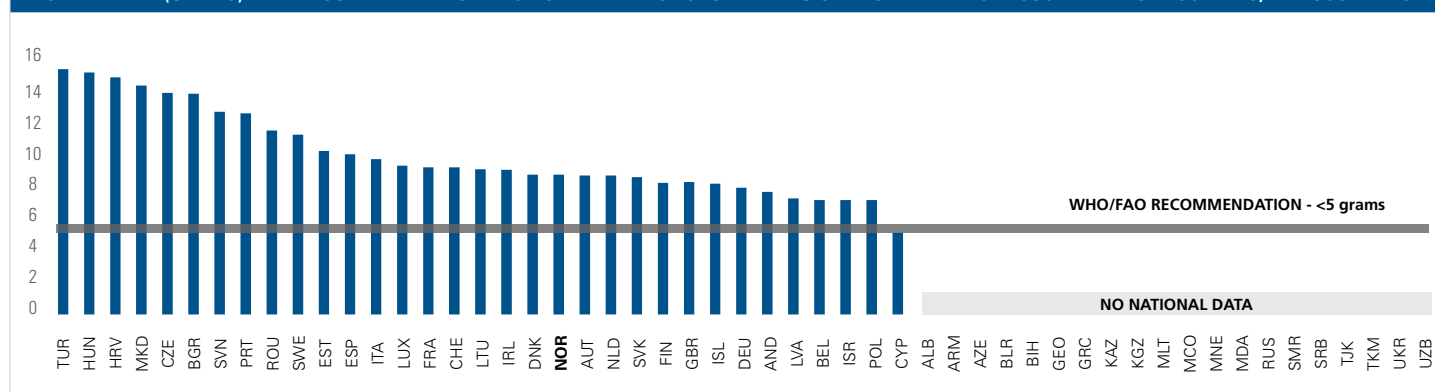
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

Data from 2006–2007 show that salt intake in Norway was 9.2 grams per day for men and 7.9 grams per day for women (6). According to national data from 2010–2011, the mean salt intake from food and drinks (excluding salt added during cooking or at the table) was 9.0 grams per day for men and 6.3 grams per day for women (5).

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 (6).

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 47.1% (7, 8).

Physical inactivity

In Norway, 45.5% of the population aged 15 years and over were insufficiently active (men 45.1% and women 45.9%), 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 Norway; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (6).

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	XX							Health care facilities			
Consumer awareness	XX	XX									
Behavioural change											
Urinary salt excretion (24 hrs)					XXX	XXX			XXX	XXX	

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (6).

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; country reporting template on Norway 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).

Marketing of food and non-alcoholic beverages to children (9)

An updated policy to reduce the exposure of children to advertising practices relating to unhealthy foods was developed in 2012 by the Norwegian Government and is now subject to public consultation (10). The proposed new policy provides an example to EU Member States to take action to reduce the exposure of children to the marketing of foods high in saturated fat, trans fat, sugars or salt. Since 2007, Norway and several EU Member States have worked closely within the remit of an action network, led by Norway, on the marketing of food to children (11). This work and the support of the Norwegian Government have been instrumental in the adoption of recommendations and action to protect children from the pervasive effect of undesired marketing practices.

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	✓ ^a		✓ ^a	

^a Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Norway 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.

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies
✓ 2005–2009	Ministry of Health and Care Services	Government ministries

Source: country reporting template on Norway 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
✓	In particular children, adolescents and people who are physically inactive	✓

Source: country reporting template on Norway 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.

References

- WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (<http://apps.who.int/gho/data/view.main>, accessed 21 May 2013).
- Currie C et al., eds. *Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf, accessed 21 May 2013).
- Wijnhoven TMA et al. WHO European Childhood Obesity Surveillance Initiative 2008: weight, height and body mass index in 6–9-year-old children. *Pediatric Obesity*, 2013, 8(2):79–97.
- FAOSTAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (<http://faostat.fao.org/>, accessed 21 May 2013).
- Totland TH et al. *Norkost 3. En landsomfattende kostholdsundersøkelse blant menn og kvinner i Norge i alderen 18-70 år, 2010-11 [Norkost 3. A national food consumption survey among Norwegian men and women aged 18–70 years, 2010–11]*. Oslo, Directorate of Health, 2012 (<http://helsedirektoratet.no/publikasjoner/norkost-3-en-landsovmattende-kostholdsundersokelse-blant-menn-og-kvinner-i-norge-i-alderen-18-70-ar/Publikasjoner/norkost-3-is-2000.pdf>, accessed 23 June 2013).
- Mapping salt reduction initiatives in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf, accessed 29 May 2013).
- Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. *Journal of Nutrition*, 2012, 142(4):744–750.
- Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
- Marketing of foods high in fat, salt and sugar to children: update 2012–2013*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf, accessed 10 October 2013).
- Høringsnotat – forslag til ny regulering av markedsføring rettet mot barn og unge av usunn mat og drikke [Consultation paper – proposed new regulation of marketing to children and youth of unhealthy food and drink]*. Oslo, Ministry of Health and Care Services, 2012 (<http://www.regjeringen.no/nb/dep/hod/dok/hoeringer/hoeringsdok/2012-2/horing---forslag-til-ny-regulering-av-ma/horingsnotat.html?id=684711>, accessed 6 August 2013).
- European network on reducing marketing pressure to children. Report from the first meeting in Oslo, Norway, 17–18 January 2008*. Oslo, Norwegian Directorate for Health and Social Affairs, 2008 (<http://www.helsedirektoratet.no/english/topics/food-marketing-children/Documents/first-meeting-report.pdf>, accessed 6 August 2013).