

# Nutrition, Physical Activity and Obesity Slovenia



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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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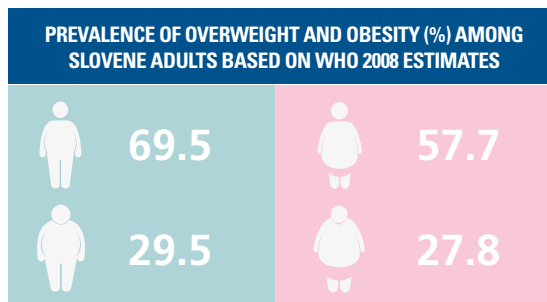
DEMOGRAPHIC DATA	
Total population	2 055 496
Median age (years)	42.0
Life expectancy at birth (years) female   male	83.3   76.8
GDP per capita (US\$)	22 906.8
GDP spent on health (%)	9.0

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

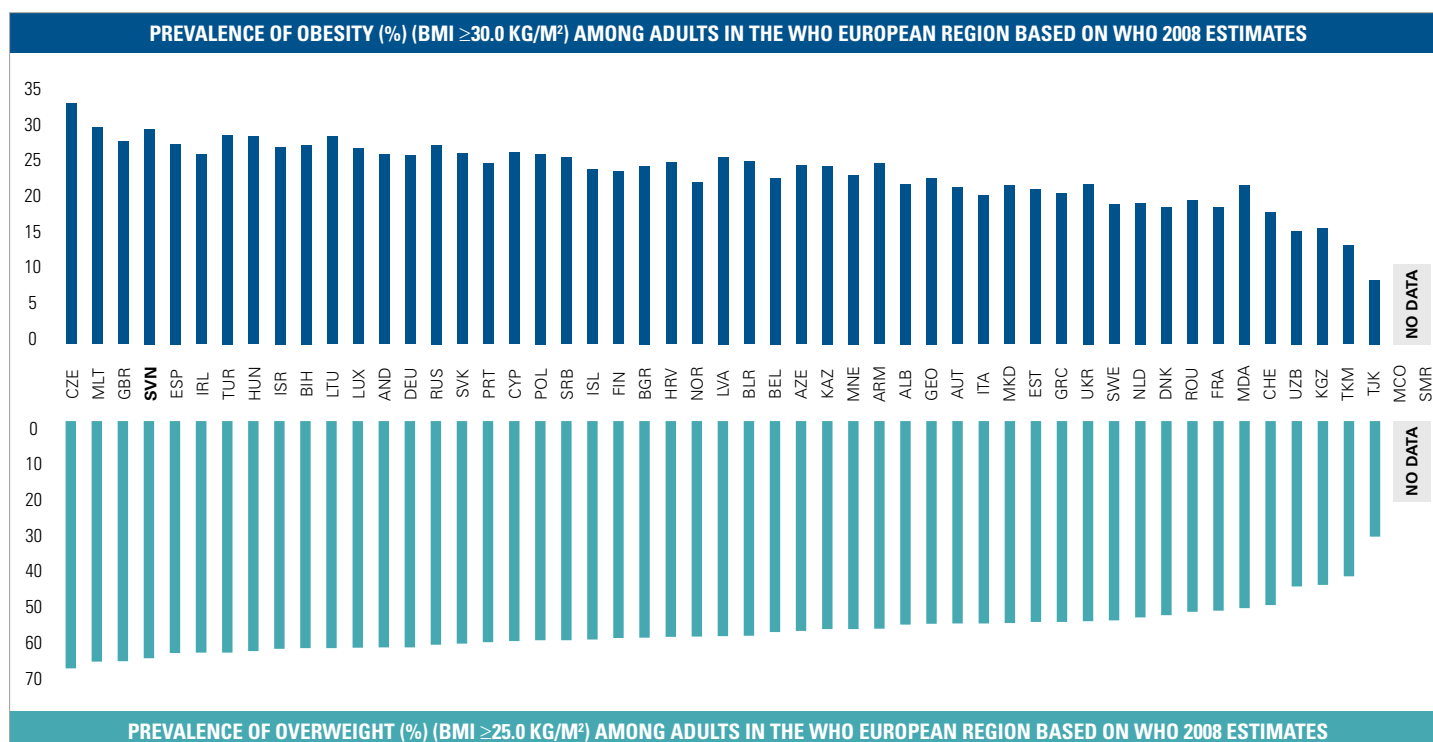
### Adults (15/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 63.4% of the adult population ( $\geq 20$  years old) in Slovenia were overweight and 28.6% were obese. The prevalence of overweight was higher among men (69.5%) than women (57.7%). The proportion of men and women that were obese was 29.5% and 27.8%, respectively.

According to a nationally representative survey carried out in 2007 among individuals aged 15 years or over, 55.1% were overweight and 16.4% were obese (based on self-reported weight and height). Overweight prevalence estimates for men and women were 64.9% and 45.3%, respectively. The prevalence of obesity for men and women was 17.0% and 15.8%, respectively (2). It should



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).

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.

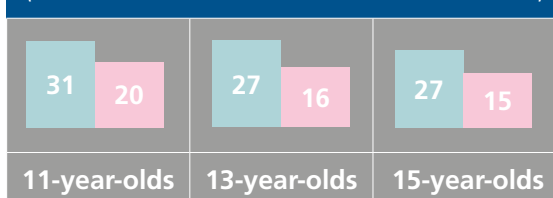
be taken into account that these data do not allow for comparability across countries due to sampling and methodological differences.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 29% of men and 29% of women will be obese. By 2030, the model predicts that 35% of men and 34% of women will be obese.<sup>1</sup>

### Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 31% of boys and 20% 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 27% for boys and 16% for girls, and among 15-year-olds, 27% and 15%, respectively (3).

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



Source: Currie et al. (3).

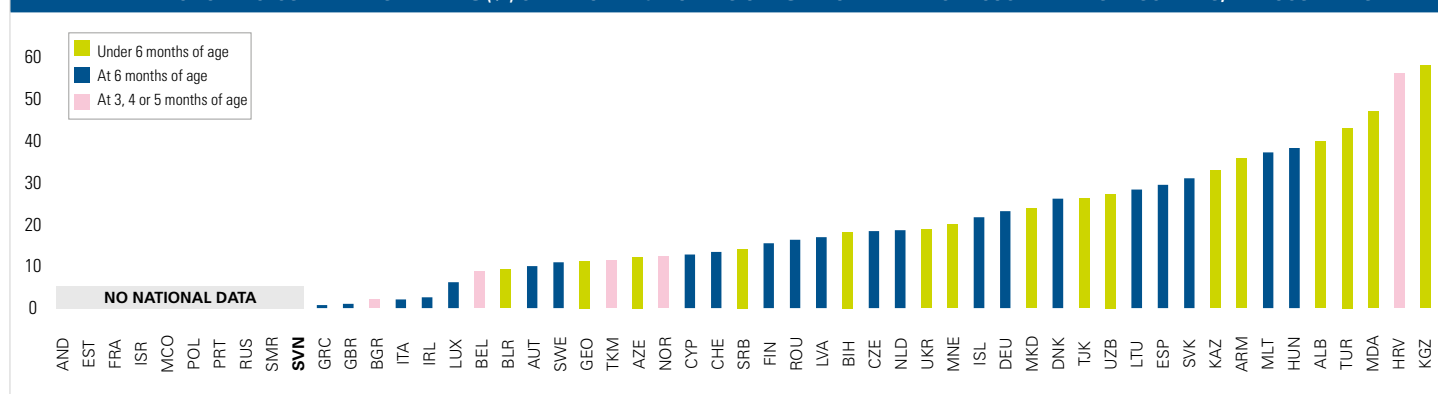
### Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 6-year-olds in Slovenia, 28.0% of boys and 23.6% of girls were overweight and 11.7% and 8.4%, respectively, were obese.<sup>2</sup> The corresponding overweight figures for 7-year-olds were 32.5% for boys and 28.0% for girls, and for obesity, 15.6% and 9.8%, respectively. Among 8-year-olds, 35.9% of boys and 31.7% of girls were overweight and 16.4% and 10.9%, respectively, were obese (4).

### Exclusive breastfeeding until 6 months of age

Subnationally representative data from 2008 show that the prevalence of exclusive breastfeeding at 6 months of age was 7.9% in Slovenia.<sup>3</sup>

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



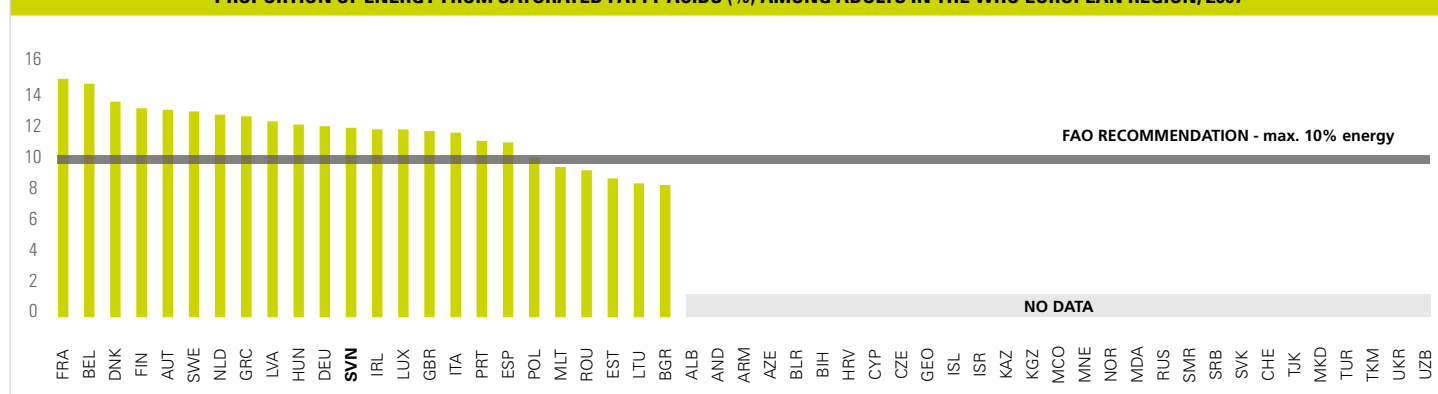
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Slovenia consumed 11.6% of their total calorie intake from saturated fatty acids (5).

### 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 (5).

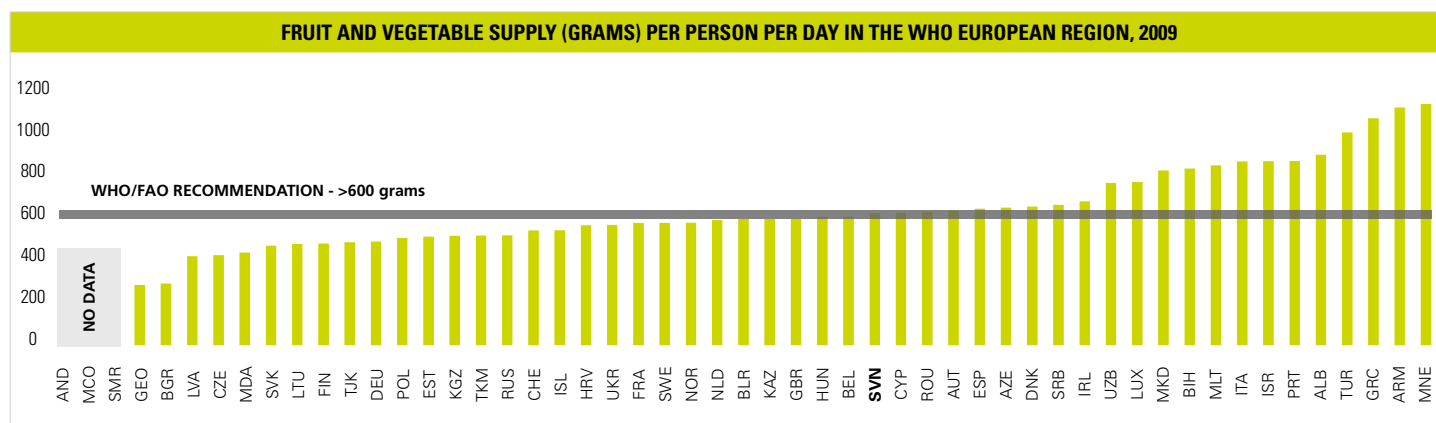
<sup>1</sup> Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

<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

Slovenia had a fruit and vegetable supply of 615 grams per capita per day, according to 2009 estimates (5).

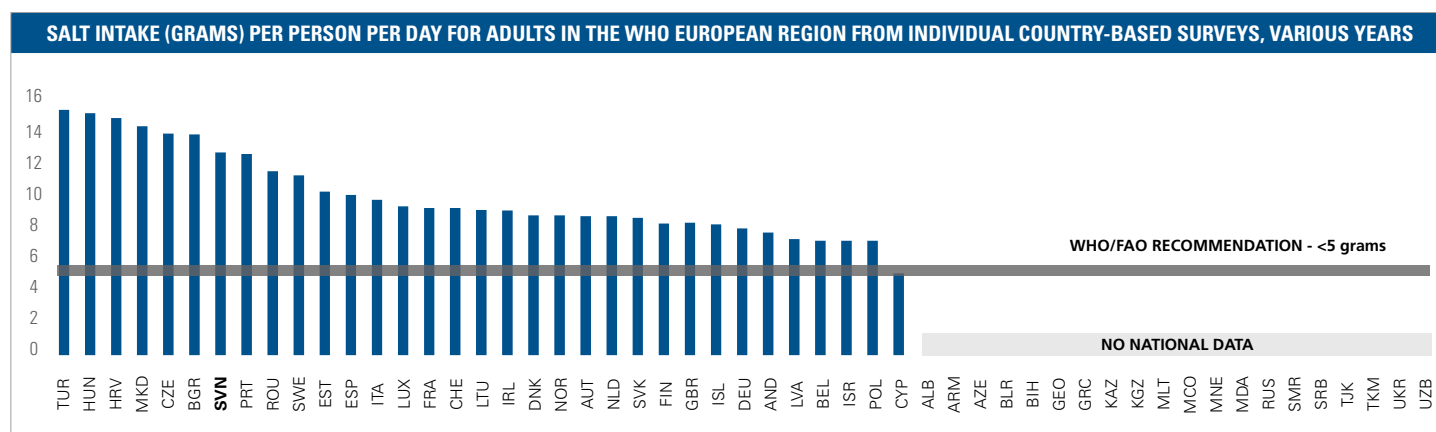


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (5).

## Salt intake

Data from 2007 show that salt intake in Slovenia was 14.3 grams per day for men and 11.0 grams per day for women (measured according to 24-hour urinary sodium excretion test) (6).



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 23.5% (7, 8).

## Physical inactivity

In Slovenia, 31.2% of the population aged 15 years and over were insufficiently active (men 27.8% and women 34.3%), 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 Slovenia; (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					
						Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting		Industry involvement	Food reformulation	Specific food category					Schools		
Salt content in food	XXX										
Salt intake	XXX										
Consumer awareness	XXX	XX	XX	10% salt reduction in bread since 2007					Health care facilities	Annual stakeholder conference	Permanent risk
Behavioural change	XXX										
Urinary salt excretion (24 hrs)	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
Ministry of Health is considering the possibility of regulating trans fats in foods. Background documents were prepared in 2012.		

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
Ministry of Health initiated a process for considering taxation of soft drinks in 2011, and elaborated argumentation and implementation scenarios in 2012. A working group was set up by the Ministry of Finance, comprising representatives of various governmental sectors (finance, economy, agriculture, health), along with experts and an umbrella organization within the private sector (Chamber of Commerce and Industry of Slovenia), and the food processing industry.	✓

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 (9).

## Marketing of food and non-alcoholic beverages to children (10)

In May 2010 the Law on School Nutrition was adopted (11). This law includes an official ban on vending machines selling food and beverages in school environments.

In 2011 the Minister of Health set up a working group, including representatives of the Ministry of Health, the National Institute of Public Health, the Ministry of Education, the Ministry of Culture, the Post and Electronic Communications Agency, the paediatric clinic and the Faculty of Social Sciences at the University of Ljubljana, the Kranj Regional Institute of Public Health, the Slovene Consumers' Organization, the Slovene Heart Association and the United Nations Children's Fund. The working group has produced recommendations for the Ministry of Health and the Slovene Government as regards the activities that would be necessary in an action plan, with the aim of reducing marketing pressure on children relating to foods and beverages.

The Second Food and Nutrition Action Plan for Slovenia 2012–2022 highlights the importance of activities aimed at reducing marketing pressure on children relating to foods and beverages. The new plan is being prepared and is expected to be adopted during 2013.

A media law was adopted in 2011, under which the Ministry of Health is required to develop guidelines, including nutrition profiles, for reducing marketing pressure on children (12). Article 23 of the Law on Audiovisual Media Services states the following:

(1) Media service providers have to develop and announce publicly available codes of conduct regarding inappropriate audiovisual commercial communications, accompanying or included in children's programmes, of foods and beverages containing nutrients and substances with a nutritional or physiological effect, in particular those such as fat, trans-fatty acids, salt/sodium and sugars, excessive intakes of which in the overall diet are not recommended.

(2) Codes of conduct have to be developed/formulated in a way which enables the development of healthy nutrition habits in children and adolescents, in accordance with nutrition guidelines of the Ministry of Health.

Slovenia participated as a test country in the development of a WHO manual for nutrition profiles in April 2012. The Slovene Government is reviewing the possibility of developing nutrient profiling as an initial step in controlling marketing pressure on children.

## 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, entirely implemented and enforced.

Source: country reporting template on Slovenia 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
✓ 2007	Ministry of Health and Ministry of Education and Sport	Government departments on health, sport, transport, education, research

Source: country reporting template on Slovenia 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
✓ 2007	General population	✓

Source: country reporting template on Slovenia 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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