

Nutrition, Physical Activity and Obesity

Poland



© iStockphoto

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>.

© World Health Organization 2013
All rights reserved.

DEMOGRAPHIC DATA	
Total population	38 277 000
Median age (years)	38.0
Life expectancy at birth (years) female male	79.9 71.2
GDP per capita (US\$)	12 263.0
GDP spent on health (%)	7.5

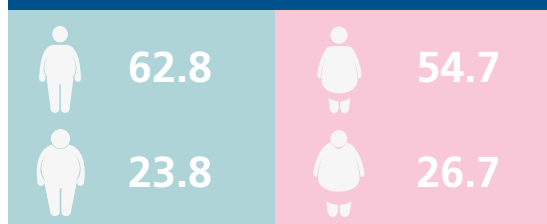
Monitoring and surveillance

Overweight and obesity in three age groups

Adults (20 years and over)

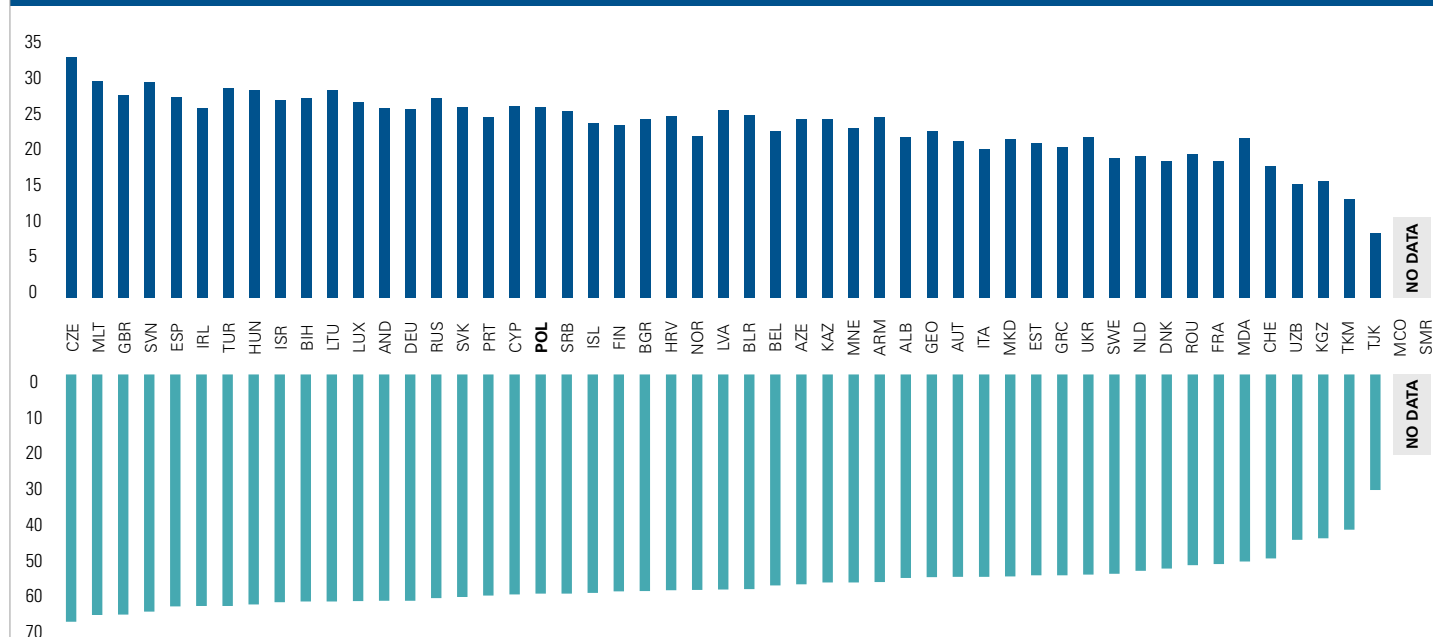
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 58.6% of the adult population (≥ 20 years old) in Poland were overweight and 25.3% were obese. The prevalence of overweight was higher among men (62.8%) than women (54.7%). The proportion of men and women that were obese was 23.8% and 26.7%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 23% of men and 17% of women will be obese. By 2030, the model predicts that 28% of men and 18% of women will be obese.¹

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG POLISH 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.

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 36% of boys and 23% 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 28% for boys and 16% for girls, and among 15-year-olds, 20% and 12%, respectively (2).

Children (0–9 years)

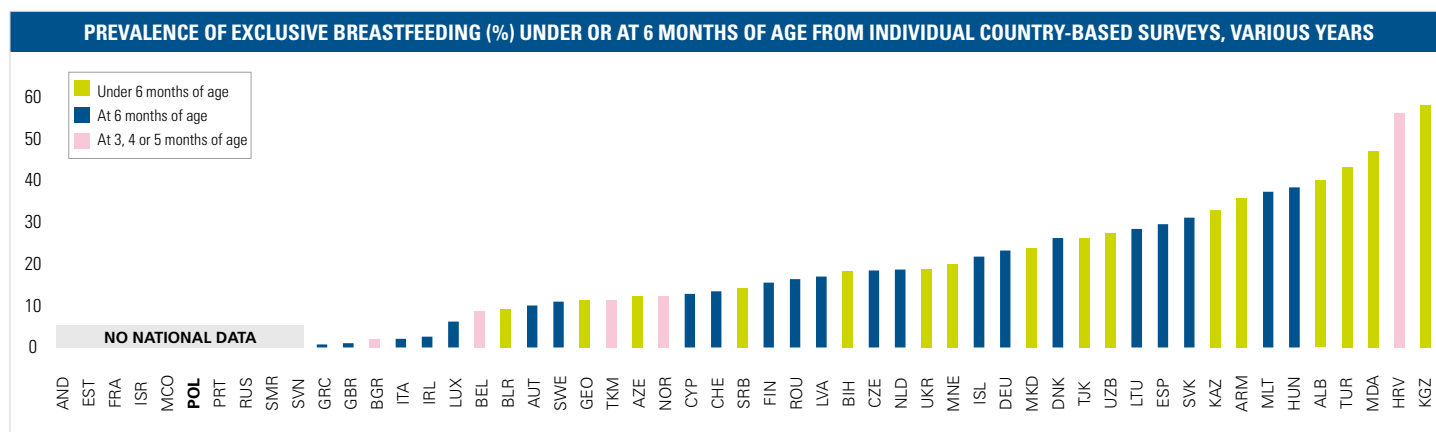
No prevalence data are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Poland is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

PREVALENCE OF OVERWEIGHT (%) IN POLISH ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)		
36	23	
28	16	
20	12	
11-year-olds	13-year-olds	15-year-olds

Source: Currie et al. (2).

Exclusive breastfeeding until 6 months of age

Subnationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 22.0% in Poland.³

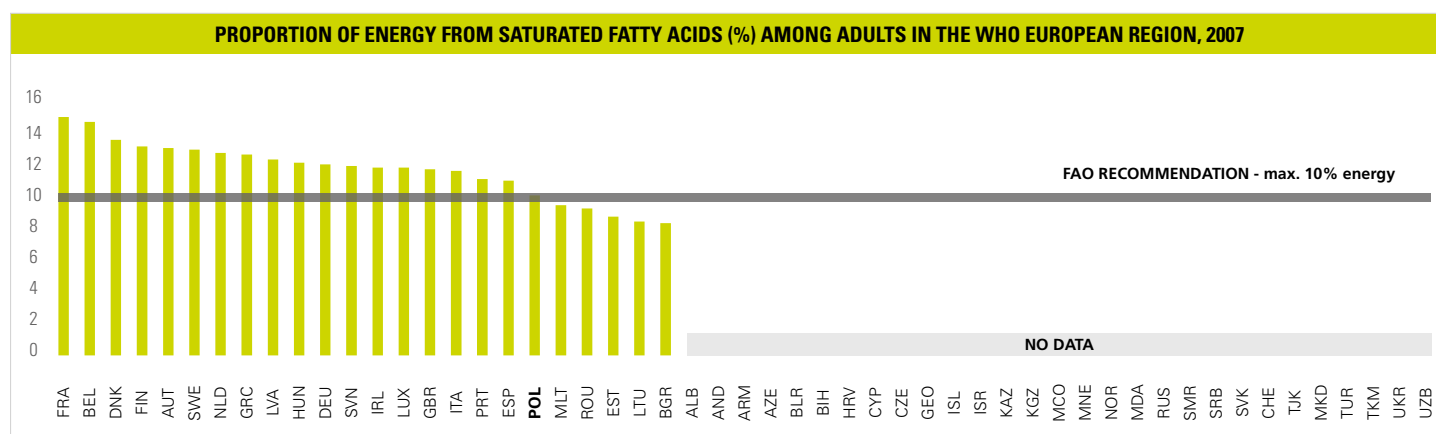


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries 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 Poland consumed 9.8% of their total calorie intake from saturated fatty acids (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 below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.

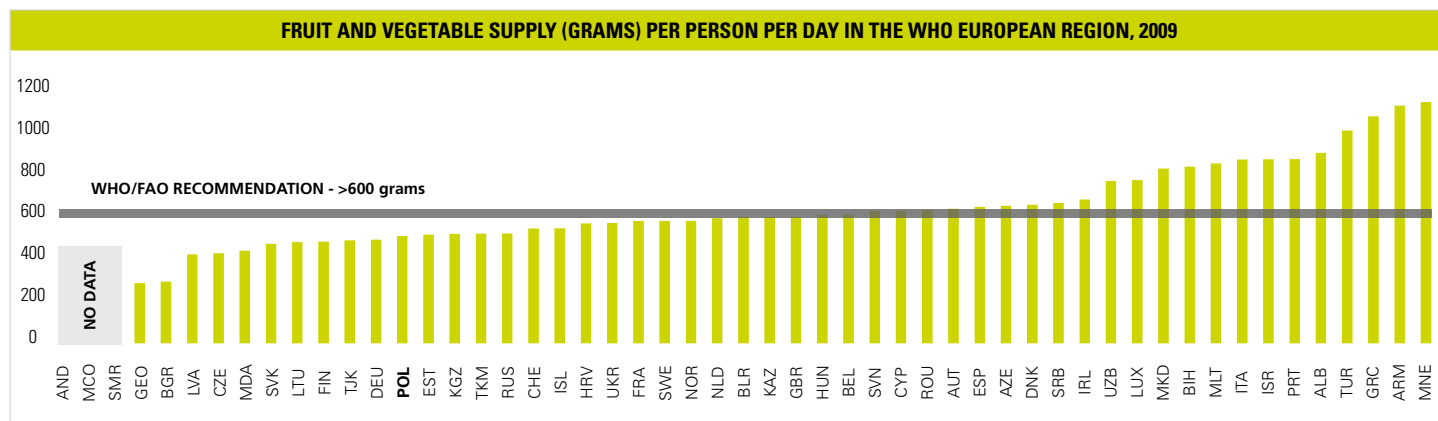
Source: FAOSTAT (3).

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

Poland had a fruit and vegetable supply of 499 grams per capita per day, according to 2009 estimates (3).

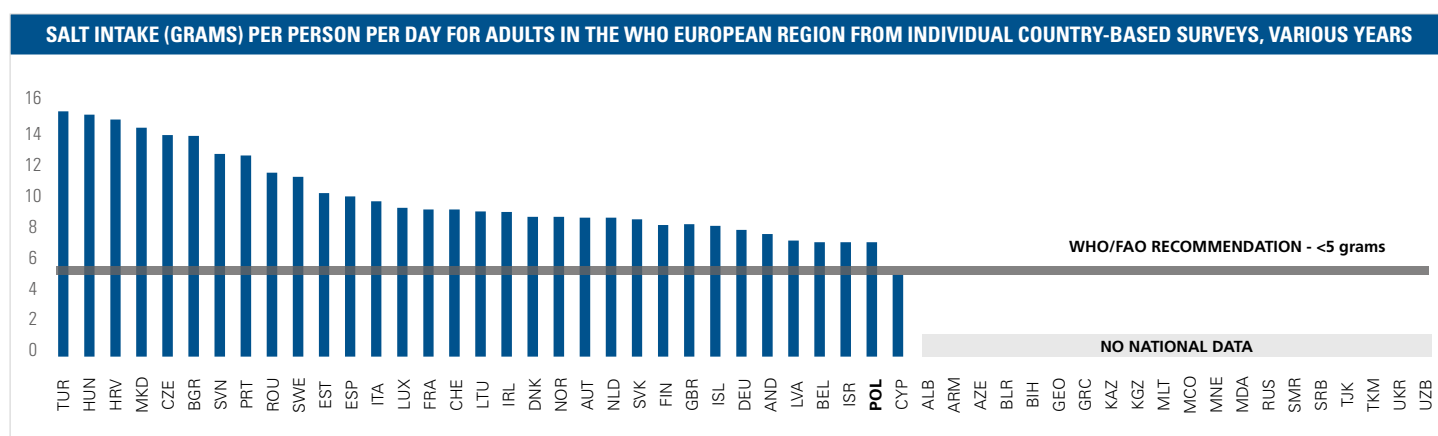


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (3).

Salt intake

Data from 2000 show that salt intake in Poland was 7.0 grams per day for both men and 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 55.0% (5, 6).

Physical inactivity

In Poland, 28.5% of the population aged 15 years and over were insufficiently active (men 24.0% and women 32.5%), 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 Poland; (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 involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting											
Salt content in food	XX										
Salt intake	XXX										
Consumer awareness				16% salt reduction in bread by 2012							
Behavioural change		XX									
Urinary salt excretion (24 hrs)	XXX					XX	XX	XX	XX	XX	XX

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
✓ Fiscal policy under consideration: raising value-added tax on foods high in fat, sugar or salt	✓

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)

The existing legislation relating to advertising aimed at children comprises the Act of 23 August 2007 (9) on combating unfair commercial practices and the Broadcasting Act of 29 December 1992 (10). Article 9 of the former stipulates that "In all circumstances, the following aggressive commercial practices shall be regarded as unfair commercial practices: including in an advertisement a direct exhortation to children to buy advertised products or persuade their parents or other adults to buy advertised products for them".

On 8 July 2010 the Federation of Food Industry created a voluntary code of food advertising to children (11), based on the solutions contained in the European Union (EU) Pledge (12). The code prohibits advertising of food in the media when more than 50% of the audience consists of children aged under 12 years. In addition, the code does not allow the advertising of food in primary schools. Restrictions on the advertising of food products do not apply to products that meet specific nutritional criteria based on accepted and documented scientific evidence and/or national and international dietary recommendations.

In practice, this could mean a significant reduction in the amount of advertising of products – the excessive consumption of which can contribute to weight gain or obesity – in TV advertising, magazines and websites aimed at children (13).

The code also affects the content of food advertising aimed at children. Among other things, it prohibits the promotion of unhealthy eating habits in advertising that aims to discredit the importance of a varied and balanced diet and physical activity (PA) (11).

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
✓			✓ ^b	✓ ^a		

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

Source: country reporting template on Poland 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
✓	Department of Sport for All of the Ministry of Sport and Tourism	Government departments on sport, health, education; academia; research institutes; nongovernmental organizations; communities

Source: country reporting template on Poland 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 Poland 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

1. 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).
2. 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).
3. 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).
4. *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).
5. 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.
6. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.

7. School Fruit Scheme [website]. Brussels, European Commission Directorate-General for Agriculture and Rural Development, 2012 (http://ec.europa.eu/agriculture/sfs/eu-countries/index_en.htm, accessed 21 May 2013).
8. *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).
9. The Act of 23 August 2007 on combating unfair commercial practices. *Journal of Laws*, 2007, 171, item 1206 (www.uokik.gov.pl/download.php?plik=7636, accessed 12 July 2013).
10. Broadcasting Act of 29 December 1992. *Journal of Laws*, 2011, 43, item 226 (http://www.krrit.gov.pl/Data/Files/_public/pliki/office/broadcasting-act_10-08-2011.pdf, accessed 12 July 2013).
11. Kodeks reklamy zywnosci skierowanej do dzieci [Code of food advertising to children] [website]. Warsaw, Polish Federation of Food Industry Employers' Association, 2010 (http://www.pfpz.pl/nawosci/?id_news=999, accessed 15 July 2013).
12. The EU Pledge [website]. Brussels, Commission of the European Communities, 2013 (<http://www.eu-pledge.eu/>, accessed 14 July 2013).
13. Lesniewska O, Stepień E. Poland: new code for children's ads [website]. London, Bird & Bird, 2010 (<http://www.twobirds.com/en/news/articles/2010/poland-new-code-childrens-ads>, accessed 15 July 2013).