**Nutrition, Physical Activity and Obesity**

**Denmark**

**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 51.9% of the adult population (≥ 20 years old) in Denmark were overweight and 18.2% were obese. The prevalence of overweight was higher among men (57.8%) than women (46.2%). The proportion of men and women that were obese was 18.7% and 17.6%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 20% of men and 19% of women will be obese. By 2030, the model predicts that 27% of men and 26% of women will be obese.  

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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).

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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 16% of boys and 14% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010). Among 13-year-olds, the corresponding figures were 15% for boys and 11% for girls, and among 15-year-olds, 12% and 9%, respectively (2).

Children (0–9 years)

No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Denmark 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 at 6 months of age was 25.3% in Denmark.3

Saturated fat intake

According to 2007 estimates, the adult population in Denmark consumed 13.2% of their total calorie intake from saturated fatty acids (3).
Fruit and vegetable supply
Denmark had a fruit and vegetable supply of 645 grams per capita per day, according to 2009 estimates (3).

Salt intake
Data from 2008 show that salt intake in Denmark was 9.8 grams per day for men and 7.3 grams per day for women (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 48.1% (5, 6).

Physical inactivity
In Denmark, 36.6% of the population aged 15 years and over were insufficiently active (men 35.8% and women 37.3%) 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 Denmark; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (4).

<table>
<thead>
<tr>
<th>Monitoring &amp; evaluation</th>
<th>Stakeholder approach</th>
<th>Population approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry self-reporting</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Salt intake</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td>XXX</td>
<td>XXX</td>
</tr>
<tr>
<td>Behavioural change</td>
<td>XXX (spot urine)</td>
<td>XXX</td>
</tr>
<tr>
<td>Urinary salt excretion (24 hrs)</td>
<td>XXX</td>
<td>XXX</td>
</tr>
</tbody>
</table>

Notes: XXX partially implemented; XXXX fully implemented.
Source: WHO Regional Office for Europe (4).
### Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Mandatory restriction</td>
<td>No mandatory declaration of TFA in food levels but mandatory compositional restrictions of TFA in fats and oils to &lt;2% of the total fatty acids</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Taxes</th>
<th>School fruit schemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Tax on sugar content</td>
<td>✓</td>
</tr>
<tr>
<td>✓ Tax on fat content</td>
<td>✓</td>
</tr>
<tr>
<td>✓ Tax on sugar-sweetened beverages by volume</td>
<td>✓</td>
</tr>
</tbody>
</table>

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 Danish Government considers that unhealthy food advertising to children should be eliminated through self-regulation, with possible further action if this does not work, in which case it would be in favour of the European Union (EU) (9). The private self-regulating Forum of Responsible Food Marketing Communication (10) – launched in December 2007 – has developed a “Code of responsible food marketing communication to children” addressing food advertising targeted at children (11). The partners in this initiative are the Danish Food and Drink Federation within the Confederation of Danish Industries, the Danish Chamber of Commerce, the Federation of Retail Grocers in Denmark, TV2 | DANMARK, the Danish Brewers’ Association, the Danish Newspaper Publishers’ Association, the Danish Association of Advertising Agencies, the Danish Association of Internet Media, the Danish Association of Advertising and Relationship Agencies, and the Danish Magazine Publishers’ Association.

### Physical activity (PA), national policy documents and action plans

<table>
<thead>
<tr>
<th>Sport</th>
<th>Target groups</th>
<th>Health</th>
<th>Education</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of national “sport for all” policy and/or national “sport for all” implementation programme</td>
<td>Existence of specific scheme or programme for community interventions to promote PA in the elderly</td>
<td>Counselling on PA as part of primary health care activities</td>
<td>Mandatory physical education in primary and secondary schools</td>
<td>Inclusion of PA in general teaching training</td>
</tr>
</tbody>
</table>

* Clearly stated in a policy document, partially implemented or enforced. ° Clearly stated in a policy document, entirely implemented and enforced.

Source: country reporting template on Denmark from 2009 developed in the context of a WHD/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)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
</table>

Source: country reporting template on Denmark from 2009 developed in the context of a WHD/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

### PA recommendations, goals and surveillance

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups addressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006 Nordic Plan of Action on better health and quality of life through diet and physical activity</td>
<td>General population</td>
<td>✓</td>
</tr>
</tbody>
</table>

Source: country reporting template on Denmark from 2009 developed in the context of a WHD/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

### References
