

Nutrition, Physical Activity and Obesity Turkey



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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

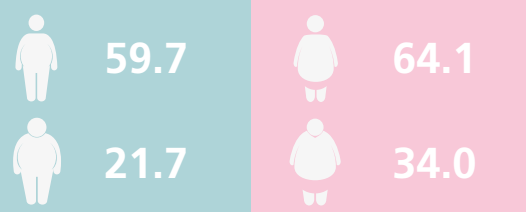
Total population	75 627 384
Median age (years)	30.1
Life expectancy at birth (years) female male	74.7 79.2
GDP per capita (US\$)	10 504.0
GDP spent on health (%)	6.1

Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

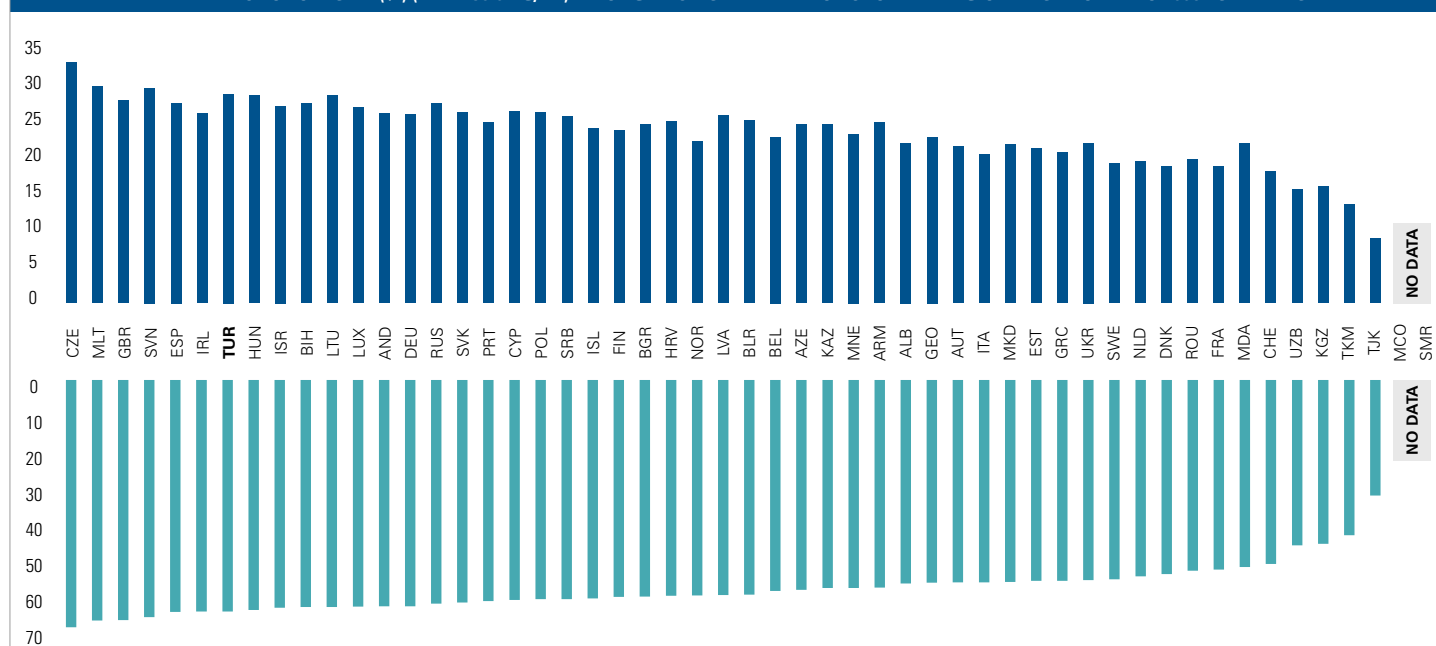
Intercountry comparable overweight and obesity estimates from 2008 (1) show that 61.9% of the adult population (≥ 20 years old) in Turkey were overweight and 27.8% were obese. The prevalence of overweight was lower among men (59.7%) than women (64.1%). The proportion of men and women that were obese was 21.7% and 34.0%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 44% of men and 26% of women will be obese. By 2030, the model predicts that 51% of men and 25% of women will be obese.¹

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG TURKISH 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.

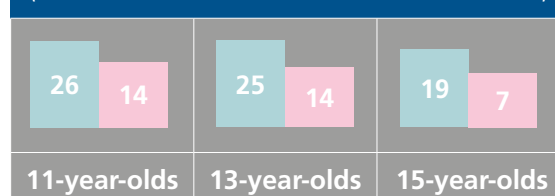
Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 26% 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).² Among 13-year-olds, the corresponding figures were 25% for boys and 14% for girls, and among 15-year-olds, 19% and 7%, respectively (2).

Children (0–9 years)

No data are available from the WHO European Childhood Obesity Surveillance Initiative (COSI) 2007/2008 round. Turkey, however, joined the third COSI data collection round during the school year 2012/2013.

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



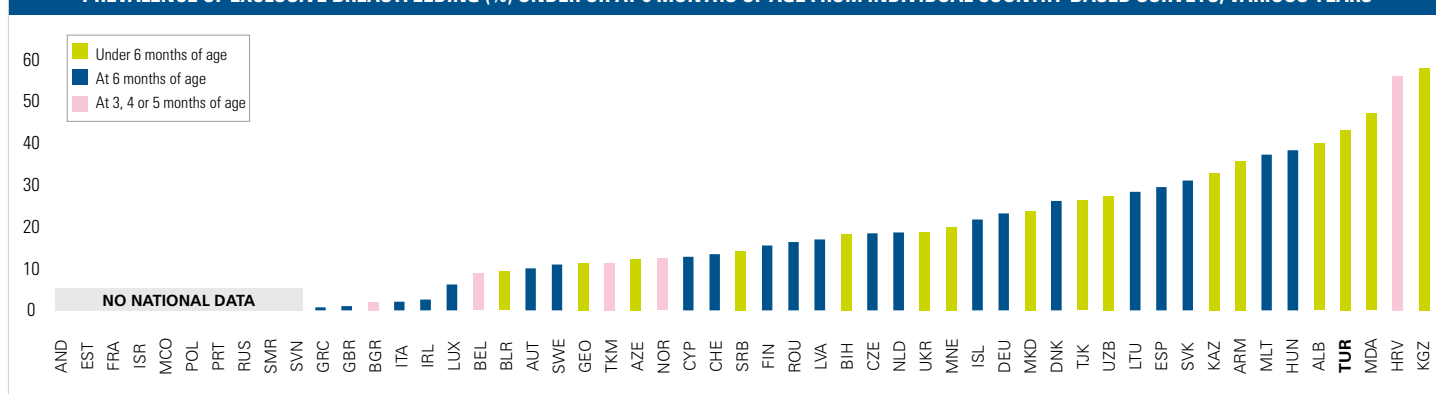
Source: Currie et al. (2).

According to measured data from a national survey carried out in 2009 in Turkey, the proportion of overweight schoolchildren aged 6–10 years was 22.4% in boys and 18.6% in girls; and the proportion that were obese was 7.4% and 5.4%, respectively (3).² It should be taken into account that these national data do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that the prevalence of exclusive breastfeeding under 6 months of age was 41.6% in Turkey.³

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



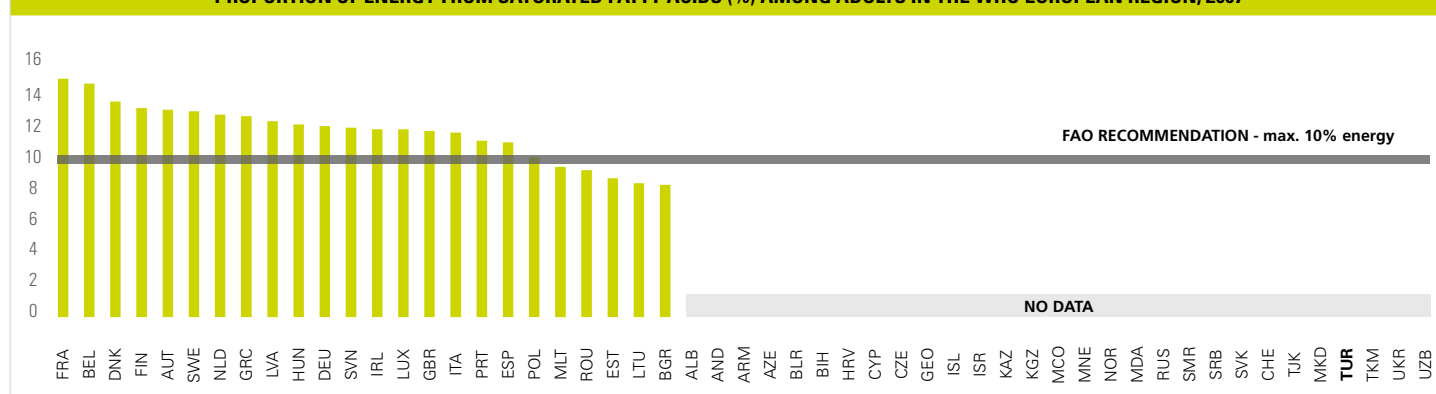
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries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

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

Saturated fat intake

No 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.

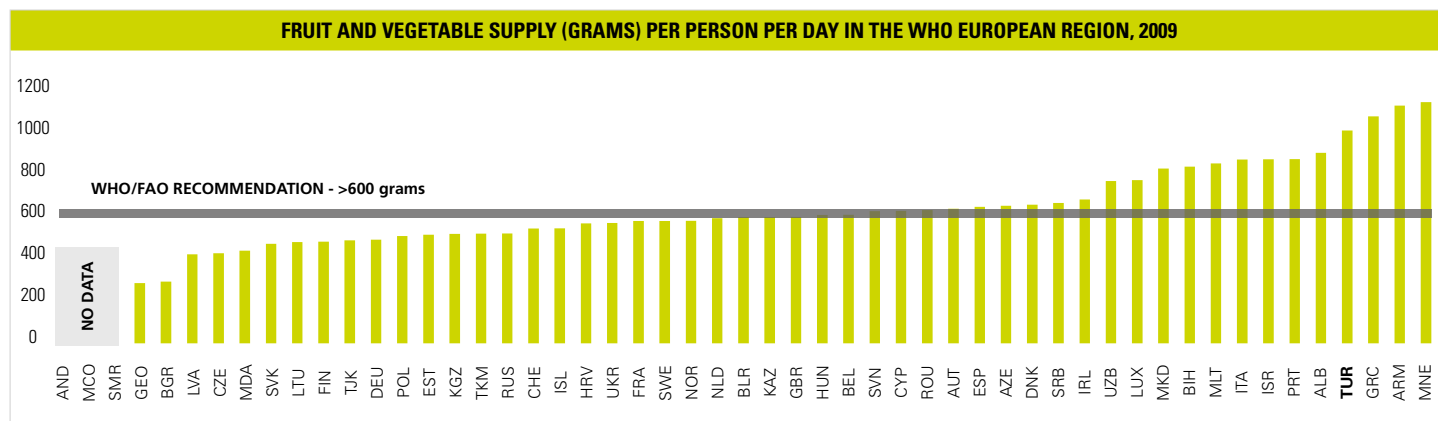
Source: FAOSTAT (4).

² Based on 2007 WHO growth reference.

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

Fruit and vegetable supply

Turkey had a fruit and vegetable supply of 990 grams per capita per day, according to 2009 estimates (4).

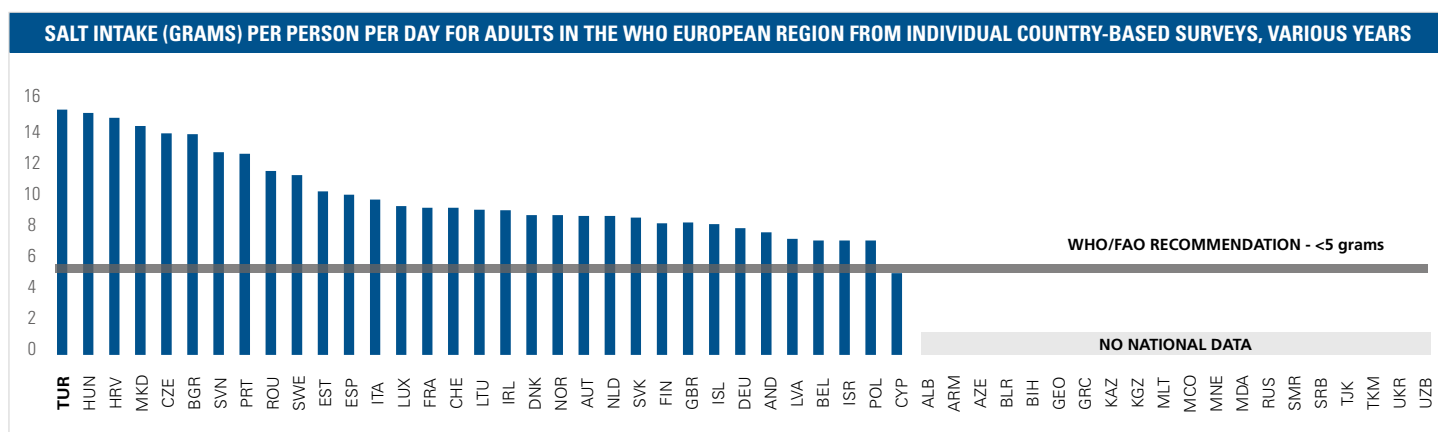


Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

Data from 2012 show that salt intake in Turkey was 15.0 grams per day for both men and women (5).



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 (5).

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% (6, 7).

Physical inactivity

In Turkey, 54.6% of the population aged 15 years and over were insufficiently active (men 48.1% and women 61.2%), 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 Turkey; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (5).

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

Notes. XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (5).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure
✓ 2007	Mandatory restriction	Mandatory compositional restrictions of TFA in fats, oils and processed food =<1% of the total fatty acids

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 (8)

During the academic year 2011–2012, the sale of some foods and drinks (soft drinks and chips) that impair health and cause obesity in children was forbidden in school canteens (9). A new article has been added to the regulation on radio and TV broadcasting practices (10) about the advertising of food and drinks to children (especially in children's programmes).

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	✓ ^b	✓ ^a	✓ ^a	✓ ^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 Turkey 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 Turkey 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 Turkey 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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