Nutrition, Physical Activity and Obesity
Netherlands

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 52.5% of the adult population (≥ 20 years old) in the Netherlands were overweight and 18.8% were obese. The prevalence of overweight was higher among men (56.4%) than women (48.7%). The proportion of men and women that were obese was 18.1% and 19.5%, respectively.

Nationally representative data collected in 2011 show that 53.5% of men and 43.0% of women aged 20 years and older were overweight (based on self-reported height and weight). The proportion of men and women that were obese was 10.2% and 12.6%, respectively (2). It should be taken into account that

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).
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, 8% of both men and women will be obese. By 2030, the model predicts that 8% of men and 9% of women will be obese.¹

**Adolescents (10–19 years)**

In terms of prevalence of overweight and obesity in adolescents, up to 15% 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 13% for boys and 10% for girls, and among 15-year-olds, 14% and 6%, respectively.³

According to self-reported data from a 2011 national survey among schoolchildren in the Netherlands (2), the proportion of schoolchildren aged 12–16 years that were overweight was 11.0% for boys and 10.3% for girls; the obesity figures for the same age group were 1.8% and 1.1%, respectively. The proportion of overweight boys and girls aged 16–20 years was 14.0% and 15.9%, respectively; and 2.9% and 3.9% for obesity (2).³ It should be taken into account that these figures do not allow for comparability across countries.

**Children (0–9 years)**

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

However, nationally representative data (based on self-reported height and weight) from 2011 show that 12.7% of children aged 4–12 years (boys 13.2%; girls 12.2%) were overweight. The obesity figure for the same age group was 2.9% (3.1% boys; 2.8% girls) (2).³ It should be taken into account that these figures do not allow for comparability across countries.

**Exclusive breastfeeding until 6 months of age**

Nationally representative data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 18.0% in the Netherlands.⁴

**Saturated fat intake**

According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in the Netherlands consumed 12.4% of their total calorie intake from saturated fatty acids (5). According to national data from 2007–2010, the adult population aged 19–69 years in the Netherlands consumed about 13% of their total calorie intake from saturated fatty acids (6). It should be taken into account that these latter, national data do not allow for comparability across countries due to sampling and other methodological differences.

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.
² Based on 2007 WHO growth reference.
³ Based on the growth reference recommended by the International Obesity Task Force (4).
⁴ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.
Fruit and vegetable supply

The Netherlands had a fruit and vegetable supply of 582 grams per capita per day, according to 2009 estimates (5).

Salt intake

Data from 2007–2010 show that the median salt intake in the Netherlands was 10.1 grams per day for men and 7.5 grams per day for women (7).

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 30.9% (8, 9). National estimates from 2007–2010 (based on a 24-hour single urine excretion study) suggest that about 7% of the population in the Netherlands had an inadequate iodine intake, defined by intakes below the estimated average of 95 µg/day (10).

Physical inactivity

In the Netherlands, 20.0% of the population aged 15 years and over were insufficiently active (men 23.7% and women 16.4%), 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 the Netherlands; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (7).

Salt reduction initiatives

<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>Brochure Print</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>XXX</td>
<td>TV Radio</td>
</tr>
<tr>
<td>Salt intake</td>
<td>XXX</td>
<td>Website Software</td>
</tr>
<tr>
<td>Consumer awareness</td>
<td></td>
<td>Education Schools</td>
</tr>
<tr>
<td>Behavioural change</td>
<td></td>
<td>Health care facilities</td>
</tr>
<tr>
<td>Urinary salt excretion</td>
<td>XXX</td>
<td>Conference Reporting</td>
</tr>
</tbody>
</table>

Notes: XXX partially implemented; XXXX fully implemented.
Source: WHO Regional Office for Europe (7).

Trans fatty acids (TFA) policies

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Type of legislation</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary</td>
<td>Voluntary industry action</td>
<td></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>✔</td>
<td></td>
</tr>
</tbody>
</table>

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; EC School Fruit Scheme website (11).

Marketing of food and non-alcoholic beverages to children (12)

In recent years, the Ministry of Health, Welfare and Sport has had several meetings with the Food Industry Federation to discuss what to expect in terms of self-regulation by the industry.

In June 2010, the Ministry of Health initiated a year-long research programme (13) (undertaken by the Dutch Consumers Organization) to monitor the action taken by the food industry regarding marketing to children aged 7–12 years. As part of the self-regulation process during the period 2010–2012, the code of conduct on advertising of foods (14) was refined. The Food Industry Federation called on its members to be reserved in their marketing aimed at children aged 7–12 years, and has taken the initiative to monitor its members’ marketing activities aimed at children (15).

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 the Netherlands 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)

<table>
<thead>
<tr>
<th>Existence of national coordination mechanism on HEPA promotion</th>
<th>Leading institution</th>
<th>Participating bodies</th>
</tr>
</thead>
<tbody>
<tr>
<td>National programme on sport and exercise as part of the Active Neighbourhoods project (since 2011)</td>
<td>Netherlands Institute for Sports and Physical Activity; Netherlands Olympic Committee; Netherlands Sports Federation; Association of local public sports departments</td>
<td>Government departments on health, food, sport, transport, education and research, labour; academia; communities</td>
</tr>
</tbody>
</table>

Source: country reporting template on the Netherlands 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


### Table: PA recommendations, goals and surveillance

<table>
<thead>
<tr>
<th>Existence of national recommendation on HEPA</th>
<th>Target groups adressed by national HEPA policy</th>
<th>PA included in the national health monitoring system</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔</td>
<td>General population, vulnerable and low socioeconomic groups</td>
<td>✔</td>
</tr>
</tbody>
</table>

Source: country reporting template on the Netherlands 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.