Nutrition, Physical Activity and Obesity
Slovakia

Demographic Data

- Total population: 5,462,000
- Median age (years): 36.9
- Life expectancy at birth (years): female | male 79.4 | 72.2
- GDP per capita (US$): 15,976.0
- GDP spent on health (%): 8.8

Source: WHO Global Health Observatory Data Repository (1).

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.

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).

Monitoring and surveillance
Overweight and obesity in three age groups

Adults (18/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 59.5% of the adult population (≥ 20 years old) in Slovakia were overweight and 25.4% were obese. The prevalence of overweight was higher among men (64.7%) than women (54.8%). The proportion of obesity among the adult population was 25.4% for both men and women.

According to a nationally representative survey (European Health Examination Survey (EHES)) carried out in 2011 among individuals aged 18–64 years, 61.8% were overweight, 36.2% were pre-obese and 25.6% were obese (based on measured weight and height). Overweight prevalence estimates for men and women were 69.6% and 56.0%, respectively. The prevalence of obesity for men and women was 25.4%.

Prevalence of overweight and obesity (% among Slovak adults based on WHO 2008 estimates)

- 64.7% overweight for men
- 54.8% overweight for women
- 25.4% obesity for both men and women

Source: WHO Global Health Observatory Data Repository (1).

Prevalence of overweight (%) (BMI ≥ 25.0 kg/m²) among adults in the WHO European region based on WHO 2008 estimates

Prevalence of obesity (%) (BMI ≥ 30.0 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).

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.
and women was 25.9% and 25.4%, respectively (2). It should be taken into account that these national data do not allow for comparability across countries due to sampling and other methodological differences.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 25% 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

Adolescents (10–19 years)
In terms of prevalence of overweight and obesity in adolescents, up to 29% of boys and 13% 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 10% for girls, and among 15-year-olds, 18% and 8%, respectively (3).

Children (0–9 years)
No prevalence figures are available for overweight and obesity in schoolchildren based on measured intercountry comparable data. Slovakia is not yet participating in the WHO European Childhood Obesity Surveillance Initiative (COSI).

Exclusive breastfeeding until 6 months of age
Data from 2000 show that the prevalence of exclusive breastfeeding at 6 months of age was 30.0% in Slovakia.³ More recent data from 2010 show that the prevalence of exclusive breastfeeding at 6 months of age was 49.3% (4).

Saturated fat intake
No estimates are available from the Food and Agriculture Organization of the United Nations (FAO) from 2007 (5). However, according to a survey carried out among the adult population in Slovakia, they consumed 12.8% of their total calorie intake from saturated fatty acids (6). It should be taken into account that these 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 WHO Regional Office for Europe grey literature from 2012 on breastfeeding.
Fruit and vegetable supply
Slovakia had a fruit and vegetable supply of 463 grams per capita per day, according to 2009 estimates (5).

Salt intake
Data from 2008–2009 show that salt intake in Slovakia was between 9.6 and 9.8 grams per day for men and between 7.0 and 7.2 grams per day for women (7). National data from 2011 show that salt intake was 9.5 grams per day for men and 6.5 grams per day for women (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 15.0% (8, 9). National estimates from 2011 suggest that 7.7% of the Slovak population are likely to suffer from iodine deficiency (6).

Physical inactivity
In Slovakia, 22.5% of the population aged 15 years and over were insufficiently active (men 23.1% and women 22.0%), according to estimates generated for 2008 by WHO (1). The EHES results show that 25.4% of women and 37.1% of men were physically active (2). It should be taken into account that these latter data do not allow for comparability across countries due to sampling and methodological differences.

Policies and actions
The table below displays (a) monitoring and evaluation methods of salt intake in Slovakia; (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>Industry involvement</td>
<td>Brochure Print</td>
</tr>
<tr>
<td>Salt content in food</td>
<td>Food reformulation</td>
<td>TV Radio</td>
</tr>
<tr>
<td>Salt intake</td>
<td></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 (24 hrs)</td>
<td></td>
<td>Conference</td>
</tr>
</tbody>
</table>

Notes: ** partially implemented; *** 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></td>
<td></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.

Marketing of food and non-alcoholic beverages to children (11)
The National Programme on Nutrition Improvement for 2006–2010 (12), the National Obesity Prevention Programme (adopted on 9 January 2008) (13) and the National Programme on Care for Children and Adolescents (adopted in March 2008) (14) include educational activities focused on reducing the consumption of foods high in fat, sugar or salt (HFSS) by adults, adolescents and children. The Slovak Government is planning to develop policies to reduce the impact of the marketing of HFSS foods to children. The regulation of the Slovak Ministry of Health (No. 527/2007) on specific requirements for facilities for children and young people includes prohibition of marketing of beverages with caffeine content and quinine content, as well as alcoholic beverages in buffets and machines in schools and on premises intended for children and adolescents (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>National or subnational schemes promoting active travel to school</td>
</tr>
</tbody>
</table>

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>

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 (10).

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>✓ 2001</td>
<td>Ministry of Education</td>
<td>Government departments on health, food, sport, transport, education and research, labour; academia; communities</td>
</tr>
</tbody>
</table>

Source: country reporting template on Slovakia 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).

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>✓ 2009</td>
<td>General population, vulnerable and low socioeconomic groups</td>
<td></td>
</tr>
</tbody>
</table>

Source: country reporting template on Slovakia 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


