

Nutrition, Physical Activity and Obesity Luxembourg



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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	514 108
Median age (years)	38.9
Life expectancy at birth (years) female male	83.9 78.9
GDP per capita (US\$)	115 038.0
GDP spent on health (%)	7.9

Monitoring and surveillance Overweight and obesity in three age groups

Adults (16/20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 60.6% of the adult population (≥ 20 years old) in Luxembourg were overweight and 26.0% were obese. The prevalence of overweight was higher among men (66.7%) than women (54.7%). The proportion of men and women that were obese was 26.3% and 25.8%, respectively.

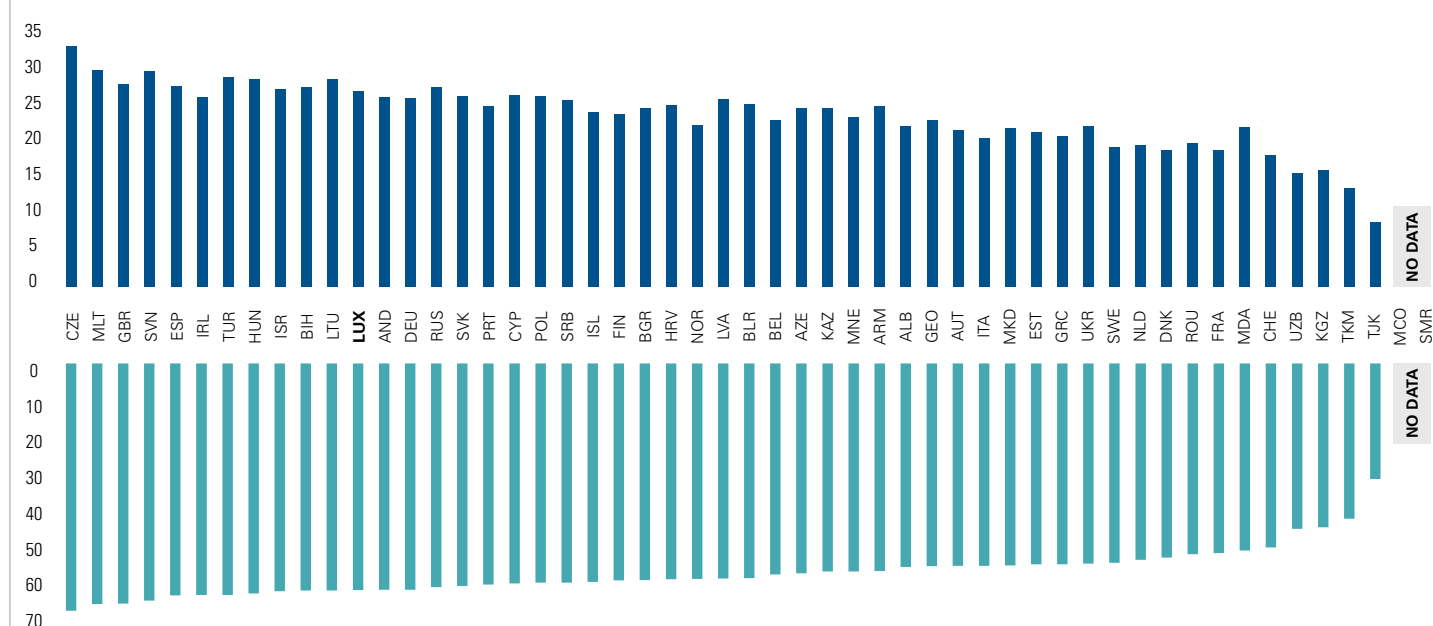
According to a nationally representative survey carried out in 2008 among individuals aged 16 years or over, 55.1% were overweight and 17.7% were obese.

PREVALENCE OF OVERWEIGHT AND OBESITY (%) AMONG ADULTS OF LUXEMBOURG 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).

Overweight prevalence estimates for men and women were, respectively, 62.7% and 47.8%. The prevalence of obesity for men and women was 18.3% and 17.2%, respectively (2). It should be taken into account that these national data do not allow for comparability across countries.

Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 22% of men and 23% of women will be obese. By 2030, the model predicts that 26% of men and 27% of women will be obese.¹

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 23% of boys and 15% 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 23% for boys and 14% for girls, and among 15-year-olds, 25% and 13%, respectively (3).

PREVALENCE OF OVERWEIGHT (%) IN ADOLESCENTS OF LUXEMBOURG (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)		
23	15	
23	14	
25	13	
11-year-olds	13-year-olds	15-year-olds

Source: Currie et al. (3).

Information from the national medical school surveillance system indicated that for the school year 2010–2011, the prevalence of overweight and obesity among secondary school-aged children was 7.1% (boys 7.5%; girls 6.7%) and 4.6% (boys 4.7%; girls 4.5%), respectively (4).³ It should be taken into account that these national figures do not allow for comparability across countries.

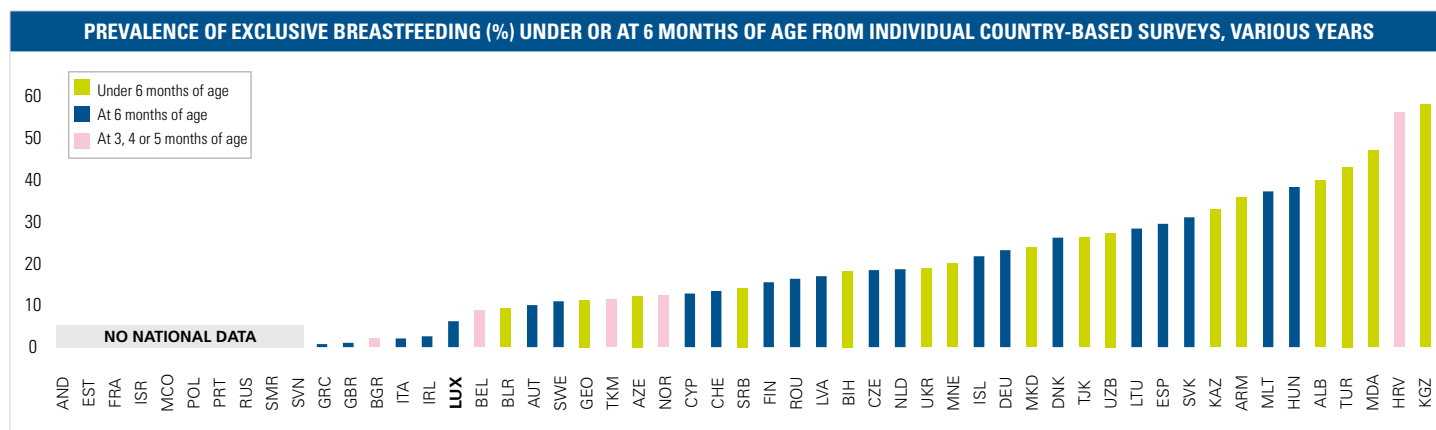
Children (0–9 years)

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

However, data from the national medical school surveillance system are available for the school year 2010–2011: 8.2% (boys 7.9%; girls 8.4%) of primary school-aged children were obese (4).³ It should be taken into account that these national figures do not allow for comparability across countries.

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that in Luxembourg the prevalence of exclusive breastfeeding and of any breastfeeding at 6 months of age was 6.0% and 41.2%, respectively (5).⁴ In addition, breastfeeding was initiated within one hour after birth among 66.5% of neonates. After 4 months of age, 45.1% of infants were still breastfed and 26.0% were exclusively breastfed (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.

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

Saturated fat intake

According to the 2007 estimates of the Food and Agriculture Organization of the United Nations (FAO), the adult population in Luxembourg consumed 11.5% of their total calorie intake from saturated fatty acids (6). According to national data from 2007–2009, the adult population aged 18–69 years in Luxembourg consumed 13.4% of their total calorie intake from saturated fatty acids (7). 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.

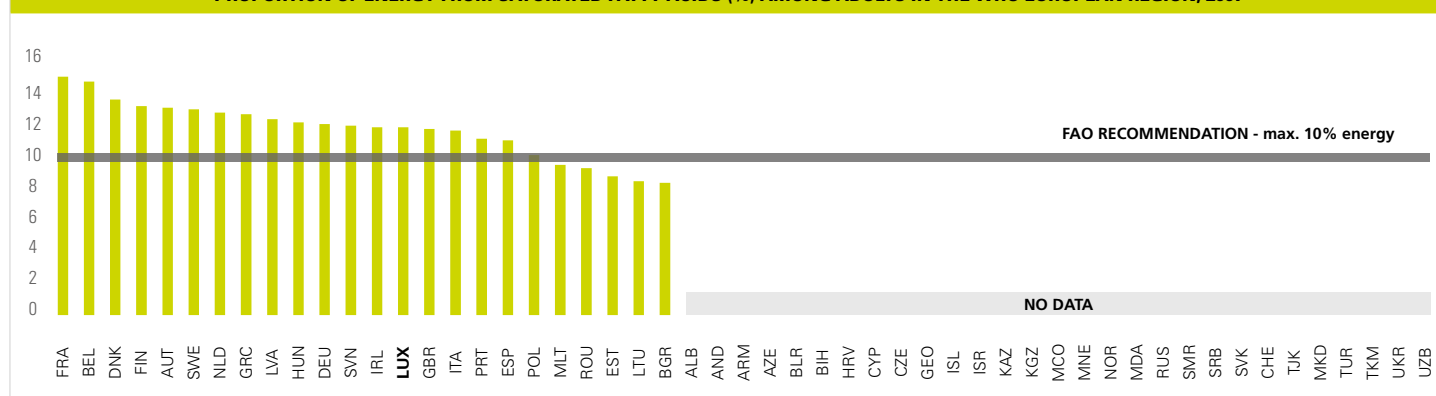
¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

² Based on 2007 WHO growth reference.

³ These data were based on weight and height measured by health professionals of the medical school surveillance services and the national growth reference.

⁴ See also WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



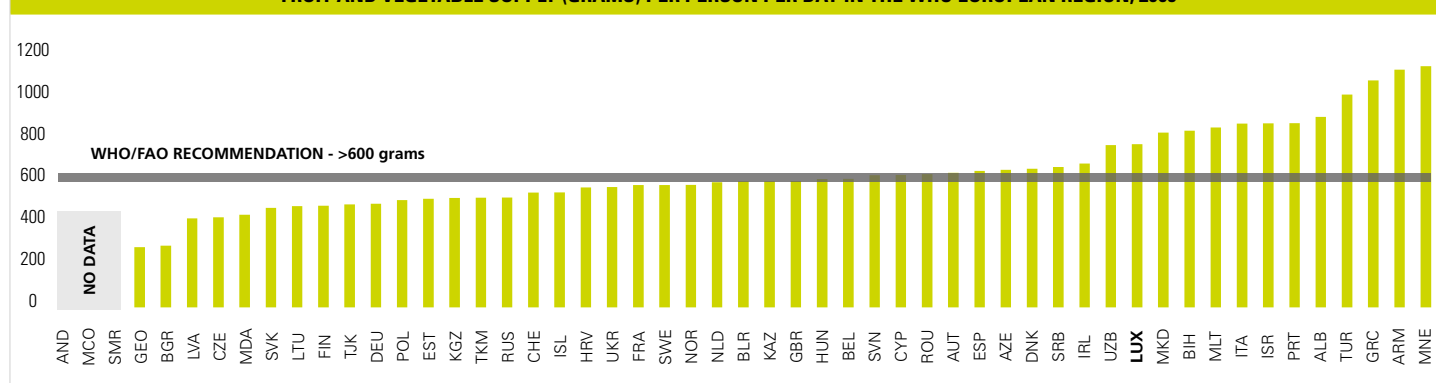
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (6).

Fruit and vegetable supply

Luxembourg had a fruit and vegetable supply of 759 grams per capita per day, according to 2009 FAO estimates (6). According to national data from 2007–2009, the mean consumption of fruit and vegetables was 546 grams per day for adults (18–69 years) (7). It should be taken into account that the latter consumption data do not allow for comparability across countries due to sampling and other methodological differences.

FRUIT AND VEGETABLE SUPPLY (GRAMS) PER PERSON PER DAY IN THE WHO EUROPEAN REGION, 2009



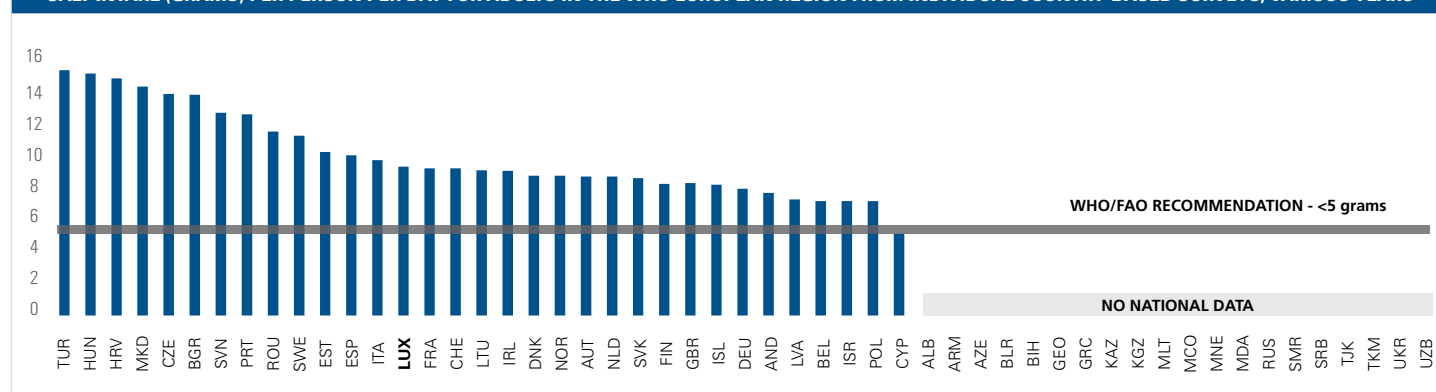
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (6).

Salt intake

National data from 2009 show that salt intake in Luxembourg was 10.1 grams per day for men and 7.9 grams per day for women (7, 8).

SALT INTAKE (GRAMS) PER PERSON PER DAY FOR ADULTS IN THE WHO EUROPEAN REGION 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. 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 (8).

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 32.7% (9, 10).

Physical inactivity

In Luxembourg, 47.1% of the population aged 15 years and over were insufficiently active (men 49.9% and women 44.3%), 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 Luxembourg; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (8).

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 Schools	Conference	Reporting
Salt content in food	XX										
Salt intake	XXX										
Consumer awareness	XX	XX							Health care facilities		
Behavioural change	XX										
Urinary salt excretion (24 hrs)					XXX	XXX			XXX	XX	XX

Notes: XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (8).

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
	✓

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 (11).

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

In 2009 Luxembourg set up a code of practice for advertising (13), but this has no specific controls to restrict foods high in fat, sugar or salt.

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	Existence of an incentive scheme for companies or employees to promote active travel to work
✓ ^b	✓ ^a	✓ ^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 Luxembourg 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
<p>✓ 2006</p> <p>In 2006 Luxembourg adopted an interministerial programme for the promotion of healthy nutrition and physical activity, entitled "Gesond iessen, Méi bewegen" (Eat healthy, move more") (GIMB). The ministries involved are the Ministry of Health, the Ministry of Sports, the Ministry of Education and the Ministry of Family and Integration. The Ministry of Health is responsible for overall coordination.</p>	The Ministry of Sport assumes the leadership for the aspect of PA.	Government departments on health, food, sport, urban planning, education and research, social welfare; schools, preschools, youth associations; civil society; municipalities; workplaces.

Source: country reporting template on Luxembourg 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 Luxembourg 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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