

# Prevention of Overweight and Obesity in Children:

## Landscape Analysis and Priority Actions

### Introduction

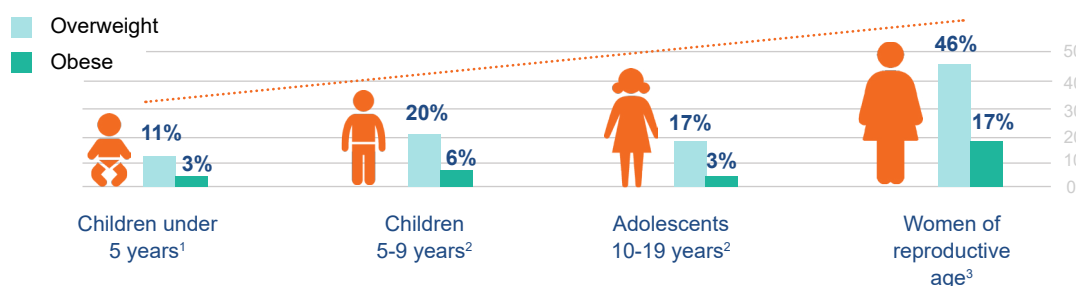
A landscape analysis was undertaken in Mongolia to determine the extent and causes of childhood overweight and obesity and define priority areas for effective action. The work was a joint effort by the National Center for Public Health under the Ministry of Health and UNICEF.

### Key findings

## 01

#### Overweight and obesity is increasing rapidly among Mongolian children and adolescents.

- Overweight and obesity increases as Mongolian children get older.
- Overweight and obese children are most likely to be boys, and live in urban areas.
- If no action is taken, 12% of Mongolian children aged 5-9 years of age and 8% of those aged 10-19 years of age will be obese by 2030.



## 02

#### Being overweight has negative health and economic consequences.

- An overweight child is more likely to suffer stigmatization, low self-esteem, depression, and anxiety.
- Overweight children are at greater risk of developing non-communicable diseases (NCDs) and of dying early.
- Childhood overweight has a huge cost in terms of future health care expenditure and lost income.

<sup>1</sup> National Statistics Office (NSO), UNFPA and UNICEF, Mongolia Social indicator sample survey – 2018 (MICS), Ulaanbaatar, June 2019.

<sup>2</sup> Estimated data used by a database of NCD Risk Collaboration 2016

<sup>3</sup> Ministry of Health (MOH), National Centre for Public Health (NCPH) and UNICEF, The nutrition status of the population of Mongolia, Fifth national survey report, NCPH, Ulaanbaatar, 2017.

# 03

## Mongolian children under 5 years of age are at risk of becoming overweight because of poor maternal nutrition and infant feeding practices.

- Maternal under- or over-weight, before and during pregnancy have negative influences on birth weight and child nutritional status.
- Low birth weight, high birth weight, and child stunting all increase the risk of overweight and NCDs later in life.
- Breast milk is the best for babies, and Mongolian babies who are not breastfed and given formula are at higher risk of becoming overweight.



### Women of reproductive age

Overweight <sup>4</sup>	<b>46%</b>
Obese <sup>4</sup>	<b>17%</b>
Underweight <sup>4</sup>	<b>4%</b>



### Children under 5 years

Infants born with <b>low</b> birthweight < 2.5kg <sup>4</sup>	<b>5%</b>
Infants born with <b>high</b> birthweight > 4.0kg <sup>4</sup>	<b>13%</b>
Stunted children <sup>6</sup>	<b>9%</b>



### Breastfeeding

Babies not exclusively breastfed <sup>6</sup>	<b>50%</b>
Increase in sales of breastmilk formula per year <sup>5</sup>	<b>2%</b>

# 04


## Older children in Mongolia become overweight due to unhealthy diets and lack of physical exercise.


- Mongolian children are eating too much highly processed foods with excessive amounts of sugar, salt and unhealthy fat.
- Children in Mongolia do not eat enough fruit and vegetables which contain fiber, vitamins and minerals.
- Mongolian children do not have enough physical activity.


**34%**  Children (13-17 years of age) drink **more than 1 carbonated beverage** per day.<sup>7</sup>

**26%**  Children (13-17 years of age) **eat out at fast food restaurants** 3 or more times per week.<sup>7</sup>



**81%**  Children (13-17 years of age) eat **less than 5 portions of fruits and vegetables** per day.<sup>7</sup>

**79%**  Children (11-17 years of age) do **less than 1 hour of physical exercise** per day.<sup>8</sup>

**44%**  Children **spend ≥ 3 hours watching** television, playing computer games or engaged in other sitting activities in a typical day.<sup>7</sup>

<sup>4</sup> MOH, NCPH and UNICEF, The nutrition status of the population of Mongolia, Fifth national survey report, NCPH, Ulaanbaatar, 2017.

<sup>5</sup> MOH, NCPH and UNICEF: Importation, trade and consumption of breastmilk substitutes in Mongolia, survey report, NCPH, Ulaanbaatar, 2017.

<sup>6</sup> NSO, UNFPA and UNICEF, Mongolia Social indicator sample survey-2019 (MICS), NSO, Ulaanbaatar, June 2019.

<sup>7</sup> Global school based student health survey, Mongolia 2013, fact sheet.

<sup>8</sup> Global Health Observatory data repository, Mongolia, Prevalence of insufficient physical activity among adolescents, 2016.





05 Children in Mongolia live in increasingly obesogenic environments.

An **obesogenic environment** is one that promotes the consumption of energy-dense, nutrient-poor foods and beverages, or encourages reduced physical activity or increased sedentary behaviour (sitting down or lying down). Obesogenic environments include **food environments** (which foods and beverages are available, affordable, accessible and promoted), **economic environments** (prices and costs of foods, household incomes and social support), **social environments** (norms for eating, taking exercise, screen-watching, body shape), and **physical environments** (opportunities for physical activity, available active transport).



The **food environment** promotes the sale of unhealthy food and drink.

- 4% annual increase in consumption of sugar-sweetened beverages among school children aged 13-15 years between 2010-2013.<sup>7</sup>
- 67% of school retail outlets (canteen, shop, snack program) provide unhealthy food (drink, snack, meal).<sup>9</sup>
- 46% annual increase in highly-processed fast foods outlets between 2013 and 2020.<sup>10</sup>
- 92% food adverts within 500 meters of 30 secondary schools in Ulaanbaatar are for unhealthy foods.<sup>9</sup>



The **economic environment** leads many Mongolians to depend on cheaper unhealthy food and snacks.

- 20% of households in Mongolia are poor and have limited access to nutritious food for their children.<sup>12</sup>



The **physical environment** limits the possibilities for children to take exercise.

- 8% annual increase in use of sedan car between 2010-2020 (estimated by number of sedan cars that passed technical inspections).<sup>13</sup>
- 44% of schools do not offer safe drinking water to students.<sup>14</sup>

<sup>9</sup> MOH, WHO and NCPH: The school food environment in Ulaanbaatar, Mongolia, survey report, NCPH, Ulaanbaatar 2012.

<sup>10</sup> Estimated by using data obtained from official home pages of 4 of the biggest fast food brands in Mongolia, which report number of outlets.

<sup>11</sup> MOH, NCPH and UNICEF, The nutrition status of the population of Mongolia, Fifth national survey report, NCPH, Ulaanbaatar, 2017.

<sup>12</sup> NSO, UNFPA and UNICEF, Mongolia Social indicator sample survey – 2018 (MICS), NSO, Ulaanbaatar, June 2019.

<sup>13</sup> Number of sedan vehicles passed technical inspection and number of total population of Mongolia, 2010 - 2020. [https://www.1212.mn/tables.aspx?tbl\\_id=DT\\_NSO\\_1200\\_013V1&13999001\\_select\\_all](https://www.1212.mn/tables.aspx?tbl_id=DT_NSO_1200_013V1&13999001_select_all)

<sup>14</sup> National programme on supporting of school catering service, Government resolution 207 of June 1, 2020, <https://www.legalinfo.mn/law/details/15473>

# 06

## Policies to regulate the obesogenic environment are limited in scope.

Mongolia has numerous regulations, decrees and legislation in relation to nutrition, but policies to regulate the obesogenic environment are limited, often voluntary and are not implemented effectively. There is no overarching national policy specifically on the prevention of overweight and obesity in children. Of the key policy areas shown in the table below, only one, control on marketing of breast milk substitutes (BMS), has been fully introduced.

	GOVERNMENT POLICY	IN PLACE	DETAILS
1	National policy on prevention of overweight and obesity in children		No specific policy on overweight and obesity though targets for overweight reduction for children are included in the Mongolian National Programme on 2016-2025.
2	Tax on sugar-sweetened beverages		No government endorsed tax on sugar-sweetened beverages.
3	Controls on marketing of food and non-alcoholic beverages to children		No comprehensive, mandatory controls in place.
4	Controls on marketing of breast milk substitutes		Control on the promotion and marketing of BMS regulated by Mongolian law on foods for infants and toddlers endorsed in July 2017.
5	Front-of-Pack-Nutrition (FOPN) labelling		No government endorsed mandatory FOPN labelling scheme which signals foods high in nutrients such as sugar, salt and/or unhealthy fats.
6	School nutrition environments		Some partial provisions. Currently, there are no nutritional standards for food provided in child care and education settings. However, there are recommended daily intakes for energy and essential nutrients (protein, fat, carbohydrates) of kindergarten and school children and reference intakes for food products are approved by joint order A/166, A/559, 222 of the Ministers of Education and Science, Health, and Finance. In May 2019, Mongolian parliament endorsed "Law on Secondary school catering service". As part of this law, in 2021, Health minister enforced order #A370, "List of food products to prohibit sale in school environment". The list includes highly processed foods such as traditional and international fast foods, sugar-sweetened beverages, instant noodles, savory snacks, alcoholic and energy drinks.

# Priority actions

The recommendations for action based on the findings of the landscape analysis highlight the multi-faceted nature of the obesogenic environment and the need to take account of multiple systems for preventing overweight and obesity among children.



## SYSTEMS

## PROPOSED RECOMMENDATIONS



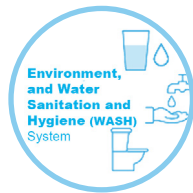
- 1 Create a legal environment to prohibit unhealthy food advertising for children through amending or revising the Law on Advertisement.
- 2 Introduce and impose statutory sanctions to control the promotion of highly processed, unhealthy foods (including implementing the WHO recommendations on the marketing of foods to children).
- 3 Implement an industry levy or enhanced sales tax on sugary beverages and snack foods and use the proceeds to promote child health.
- 4 Implement mandatory front-of-pack nutrition guidance on high fat, salt and sugar foods using a nutrient profiling scheme.
- 5 Reformulate processed foods to reduce fat, sugar and salt, and portion sizes.
- 6 Support nutrition sensitive procurement policies to improve public food service and stimulate healthy food production.



- 1 Strengthen regulatory monitoring on implementation of the Code of Marketing of BMS and implementation of “10 steps for successful breastfeeding” in health facilities.
- 2 Strengthen nutrition counselling and weight control in antenatal care.
- 3 Strengthen healthy eating and nutrition counselling for parents on prevention and control of childhood overweight and obesity.



- 1 Develop and implement food and nutrition standards for preschool settings, primary and secondary schools.
- 2 Develop and implement physical activity standards for preschool settings, primary and secondary schools covering physical education, screen time and sleep.
- 3 Monitor child growth (weight and height) in all education settings.
- 4 Support nutrition literacy and physical education in pre-school settings and primary schools.



- 1 Promote convenient, safe, and connected walking and cycling infrastructure and reduce car use in urban plans.
- 2 Enhance clean drinking water access to all education settings (pre-school, primary and secondary schools), and school dormitories.



- 1 Enhance social protection policies to deliver healthy and nutritious food packs (food stamp programme and humanitarian relief).
- 2 Improve facilities for breastfeeding mothers in public and at workplaces.

## Overarching actions

- 1 Establish a cross-government nutrition council on prevention of overweight and obesity excluding commercial interests.
- 2 Advocate and build capacity of policymakers and politicians on the causes of childhood overweight and relevant actions for its prevention.
- 3 Enhance social behaviour change and communication interventions to create awareness and educate communities on healthy eating and physical activity.