



Turkey



Country report card - children

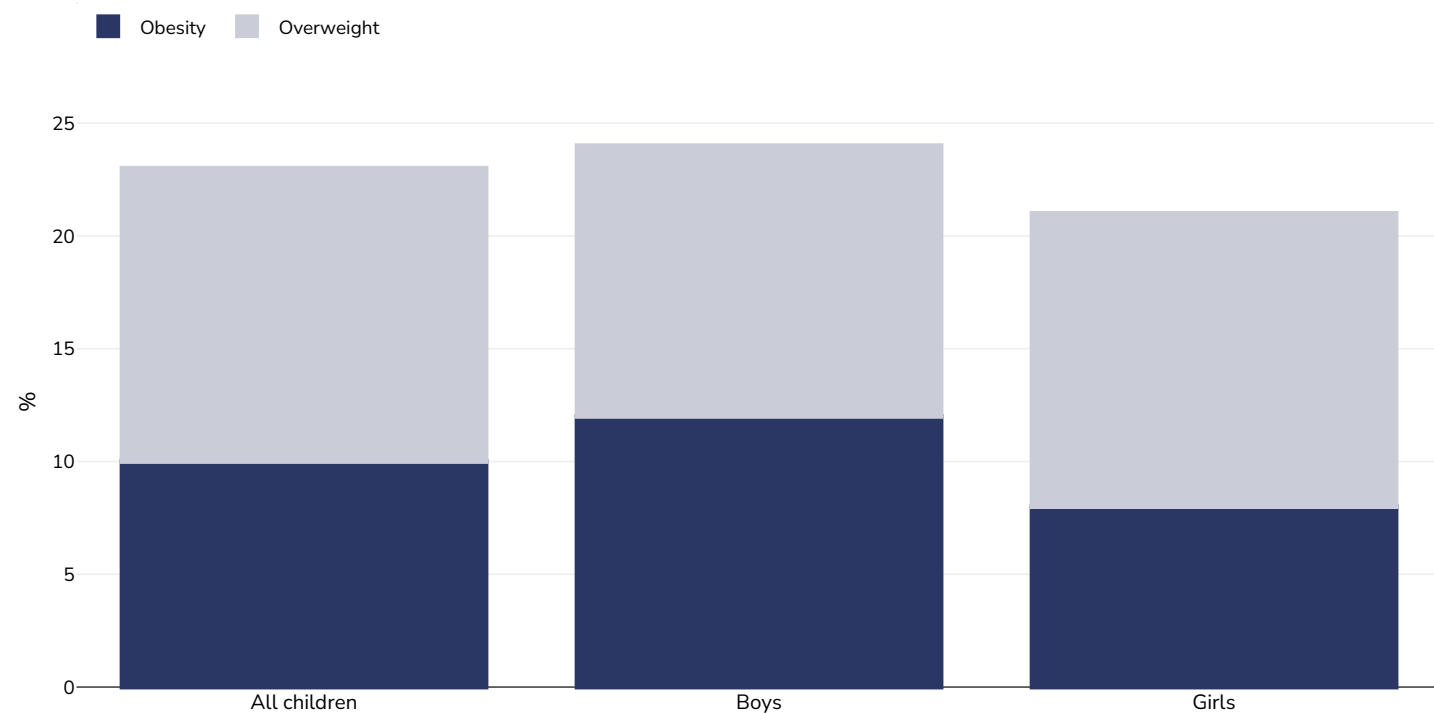
This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity for children, including adolescents (aged 5 to 18 years). Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at <https://data.worldobesity.org/country/turkey-219/>.

Contents	Page
Obesity prevalence	3
Overweight/obesity by education	4
Overweight/obesity by age	5
Overweight/obesity by region	6
Overweight/obesity by socio-economic group	7
Double burden of underweight & overweight	8
Insufficient physical activity	9
Prevalence of at least daily carbonated soft drink consumption	12
Prevalence of less than daily fruit consumption	13
Prevalence of less than daily vegetable consumption	14
Mental health - depression disorders	15
Mental health - anxiety disorders	18

Obesity prevalence

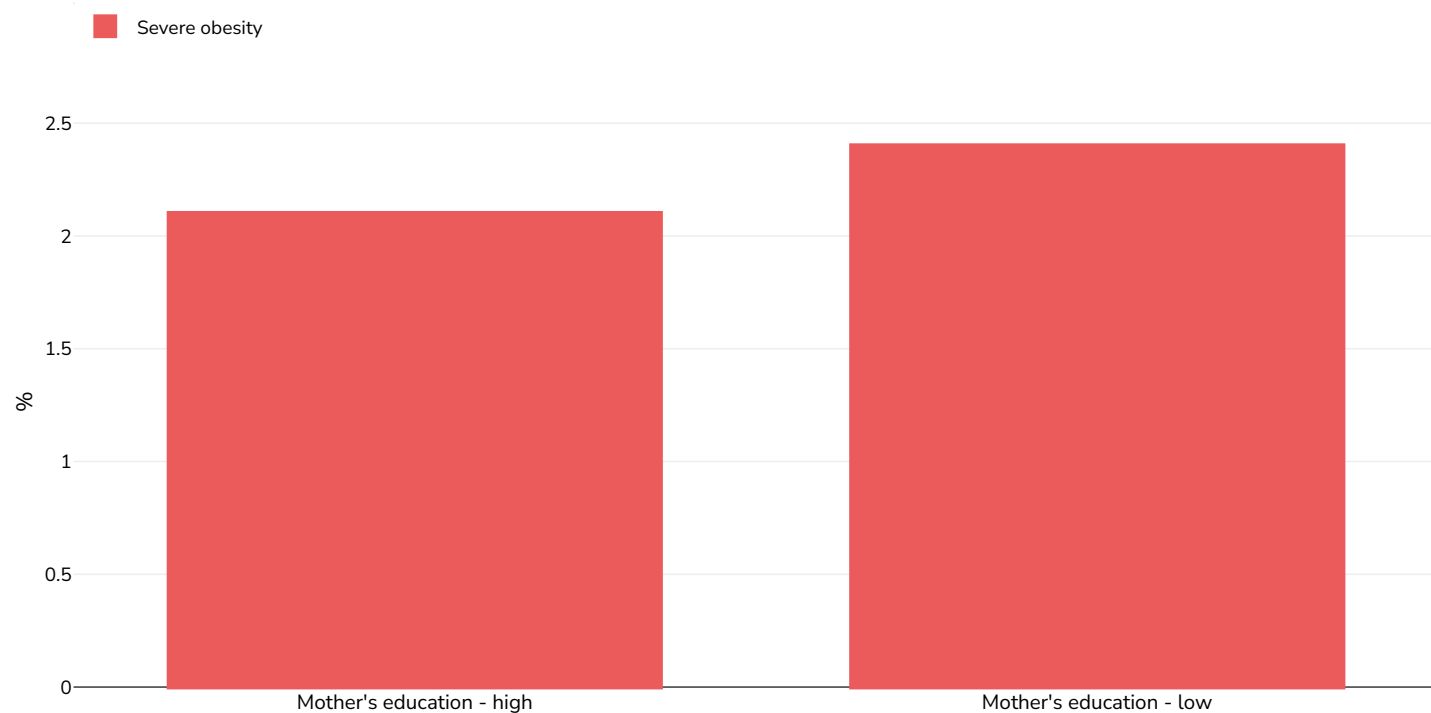
Children, 2022-2024



Survey type:	Measured
Age:	7
Area covered:	National
References:	WHO European Childhood Obesity Surveillance Initiative (COSI): A brief review of results from round 6 of COSI (2022-2024). Copenhagen: WHO Regional Office for Europe; 2024. Licence: CC BY-NC-SA 3.0 IGO.
Cutoffs:	WHO 2007

Overweight/obesity by education

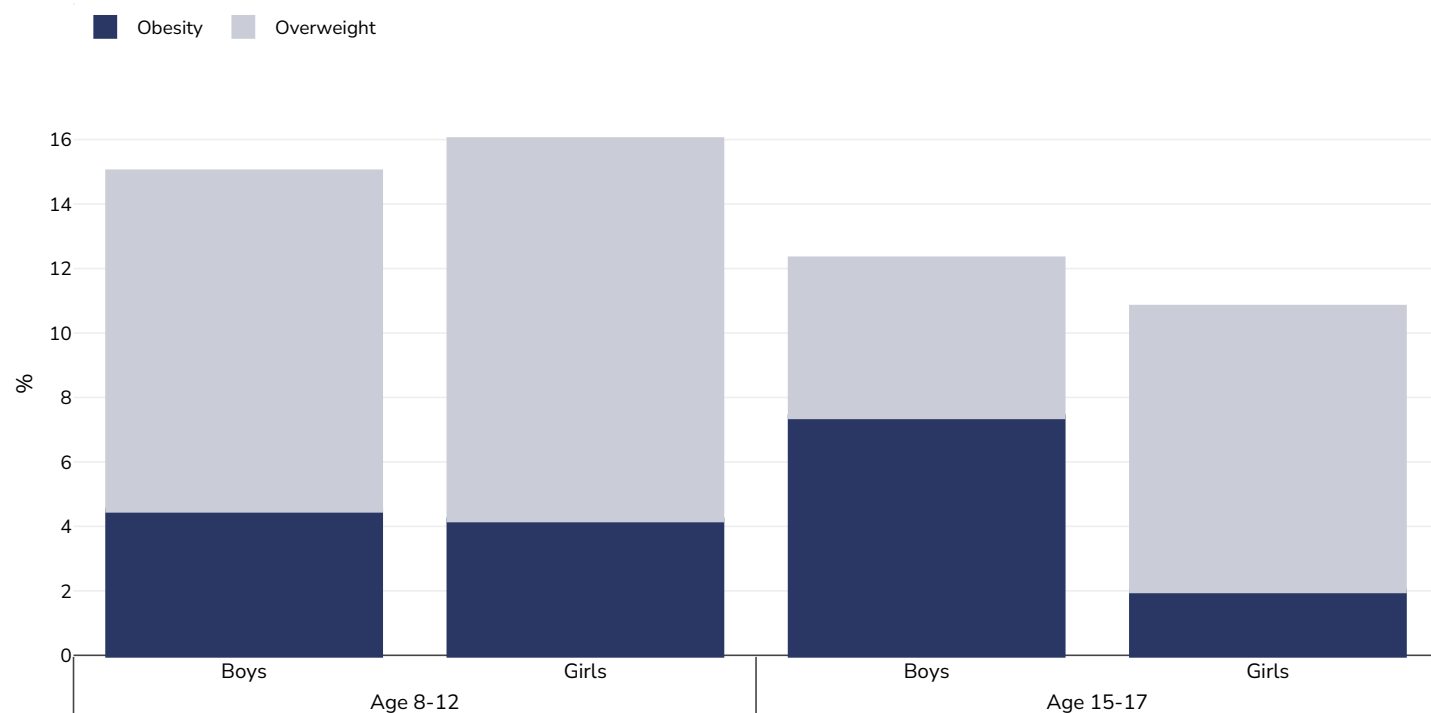
Children, 2012-2013



Survey type:	Measured
Age:	7-8
Sample size:	4337
Area covered:	National
References:	Spinelli et al (2019). 'Childhood Severe Obesity in Europe', Obes Facts.12, pp. 244–258. (Data from COSI round 1-3)
Notes:	WHO cut-offs used. Based on Mother's education level.
Cutoffs:	WHO

Overweight/obesity by age

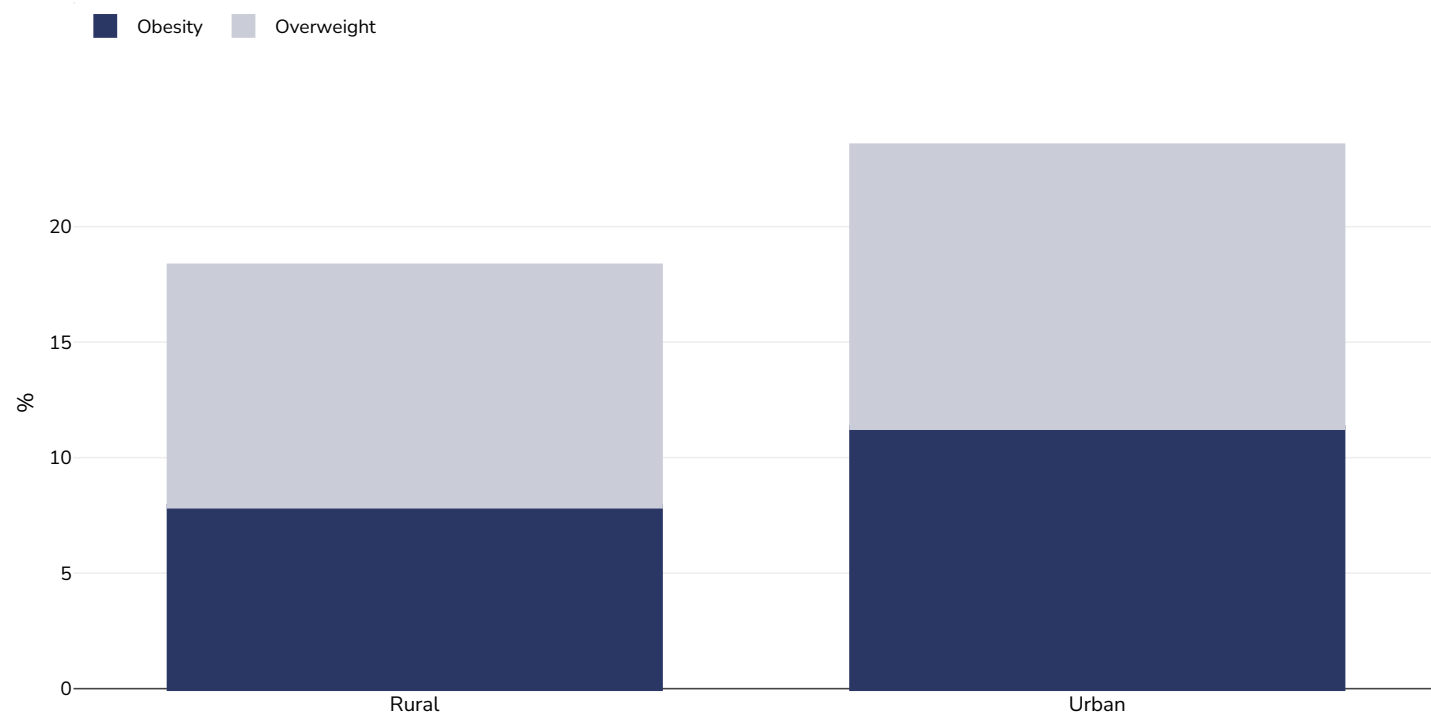
Children, 2008



Survey type:	Measured
Sample size:	1735
Area covered:	National
References:	Agirbasli M, Adabag S, Ciliv G. Secular trends of blood pressure, body mass index, lipids and fasting glucose among children and adolescents in Turkey. 2012 Clinical Obesity 1, 161-167. doi:10.1111/j.1758-8111.2012.00033.x
Notes:	The paper suggests that overweight includes obesity, therefore obesity has been subtracted from the overweight figures.
Cutoffs:	Other

Overweight/obesity by region

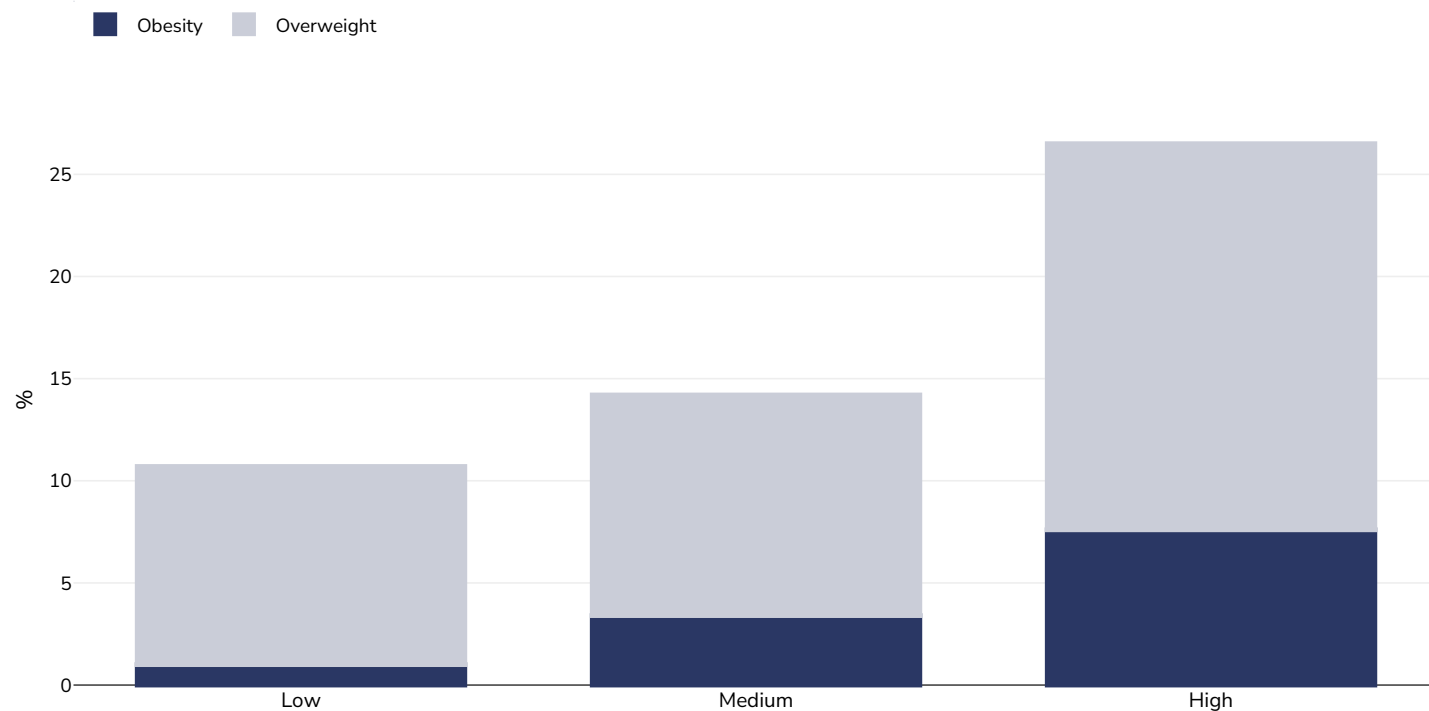
Children, 2012-2013



Survey type:	Measured
Age:	14-18
Sample size:	3918
Area covered:	Regional - Eskisehir
References:	Gökler, M.E., Buğrul, N., Metintaş, S. and Kalyoncu, S. (2025). Adolescent Obesity and Associated Cardiovascular Risk Factors of Rural and Urban Life (Eskisehir, Turkey). Central European Journal of Public Health, [online] 23(1), pp.20–25.
Definitions:	WHO Child Growth Standards were used to identify percentiles. BMI between 85th and 95th percentile was defined as overweight and BMI at or above 95th percentile was defined as obesity

Overweight/obesity by socio-economic group

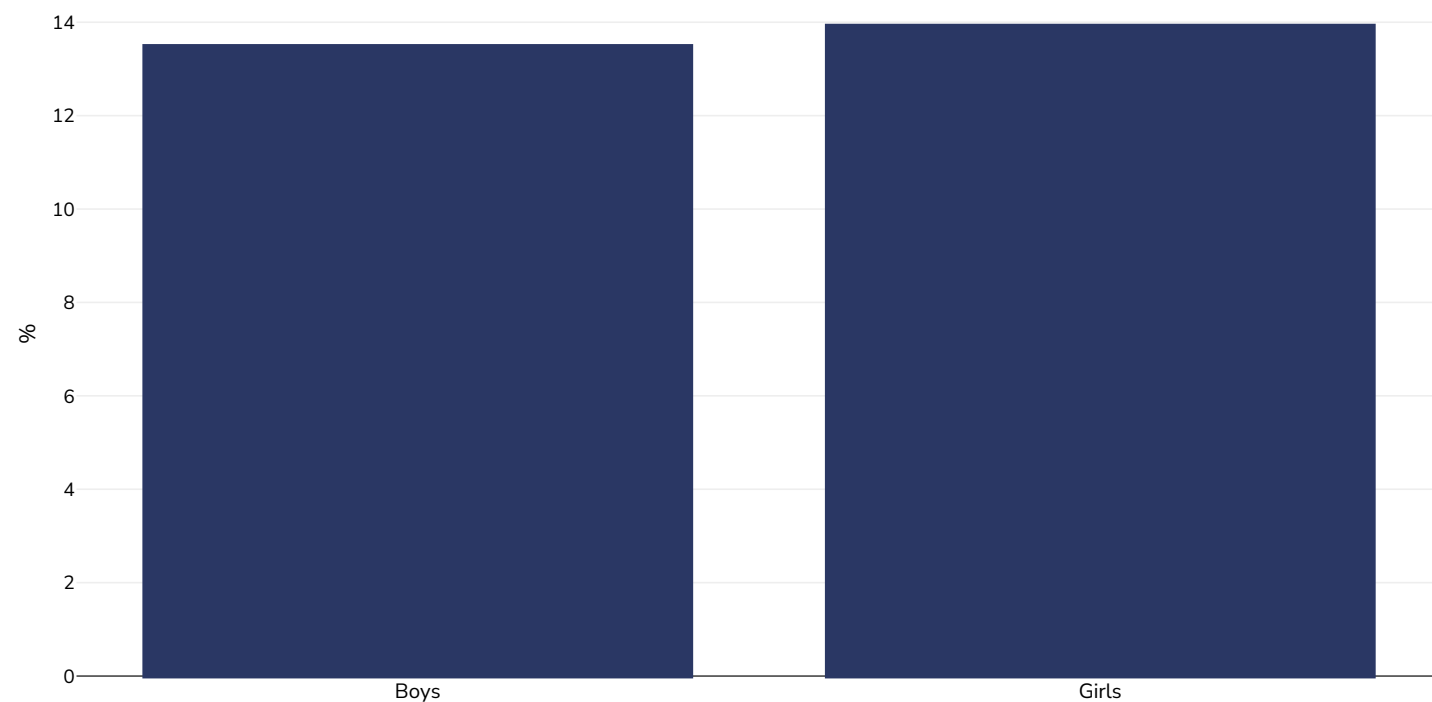
Children, 2005



Survey type:	Measured
Age:	6-16
Sample size:	1348
Area covered:	Regional - Western Anatolia.
References:	Discigil, G., Tekin, N. and Soylemez, A. (2009), Obesity in Turkish children and adolescents: prevalence and non-nutritional correlates in an urban sample. Child: Care, Health and Development, 35: 153–158. doi: 10.1111/j.1365-2214.2008.00919.x
Notes:	Prevalence of overweight and obesity by socio-economic status. The Centres for Disease Control 2000 growth charts for children and adolescents were used to identify BMI percentiles. BMI between 85th and 95th percentile was defined as overweight and BMI at or above 95th percentile was defined as obesity (Himes & Dietz 1994).
Cutoffs:	CDC

Double burden of underweight & overweight

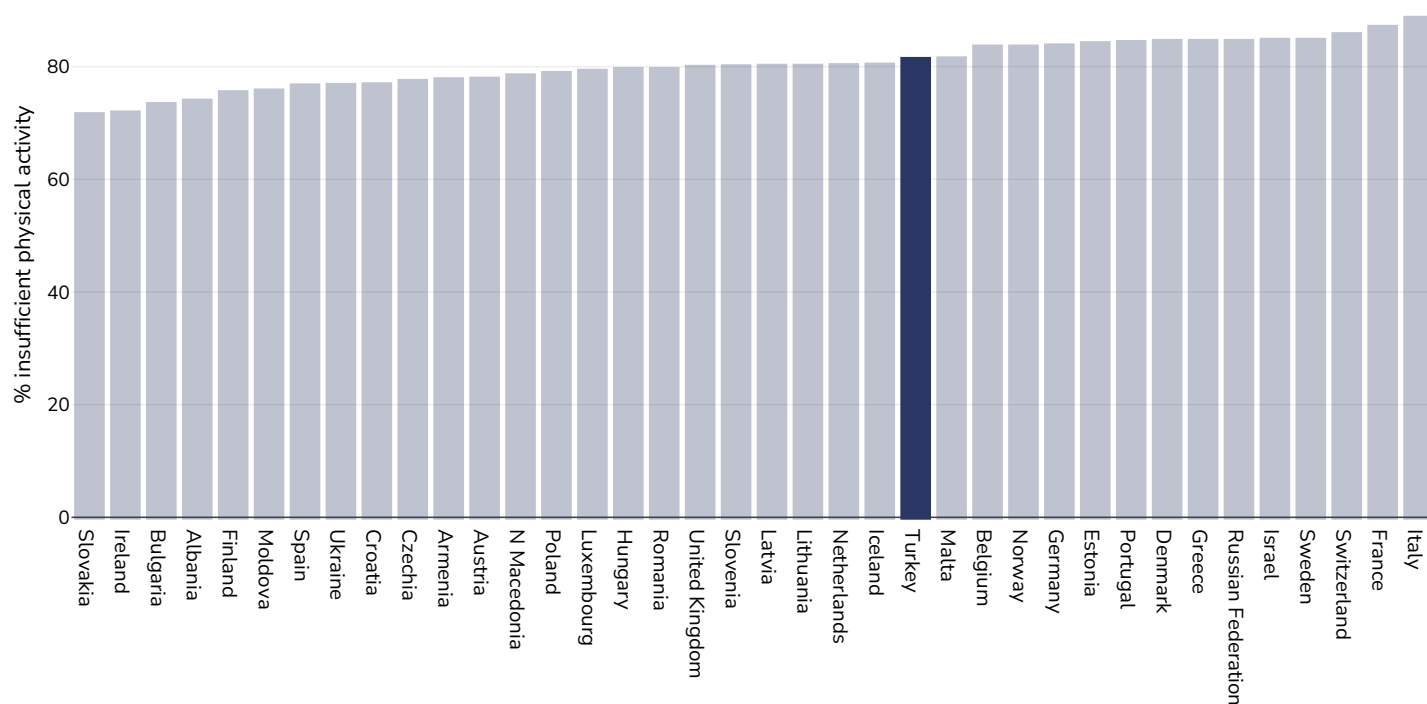
Children, 2022



Survey type:	Measured
Age:	5-19
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2 .
Notes:	Age standardised estimates
Definitions:	Combined prevalence of BMI < -2SD and BMI > 2SD (double burden of thinness and obesity)
Cutoffs:	BMI < -2SD and BMI > 2SD

Insufficient physical activity

Children, 2016



Survey type: Self-reported

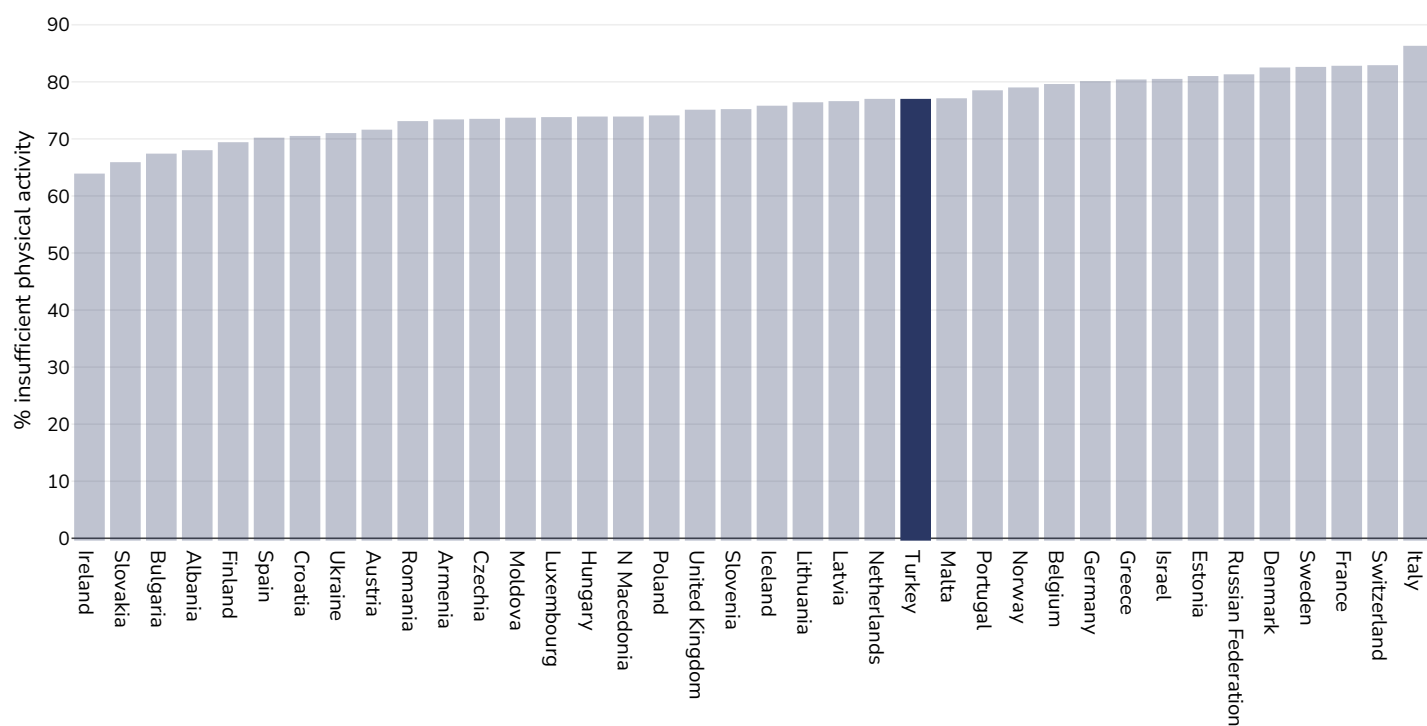
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)

Boys, 2016



Survey type: Self-reported

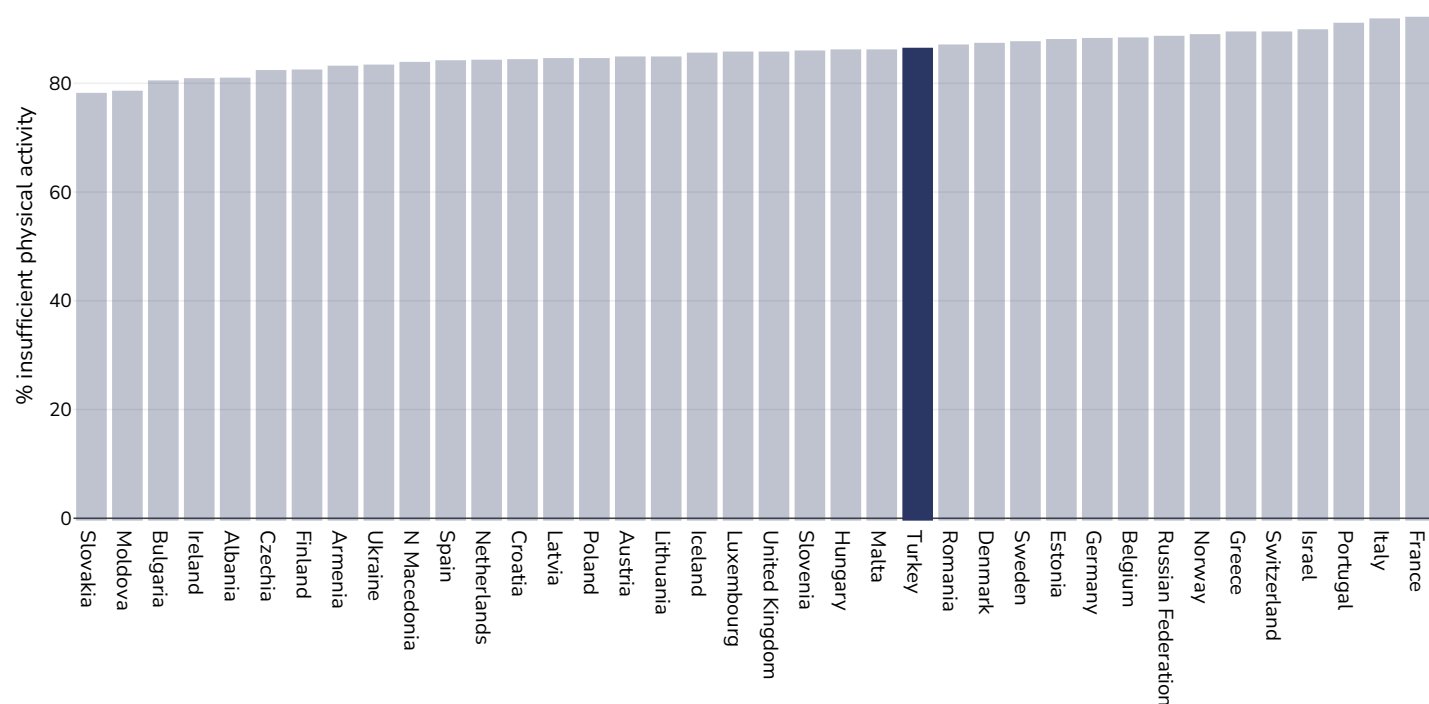
Age: 11-17

References: Global Health Observatory data repository, World Health Organisation, <https://apps.who.int/gho/data/node.main.A893ADO?lang=en> (last accessed 16.03.21)

Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)

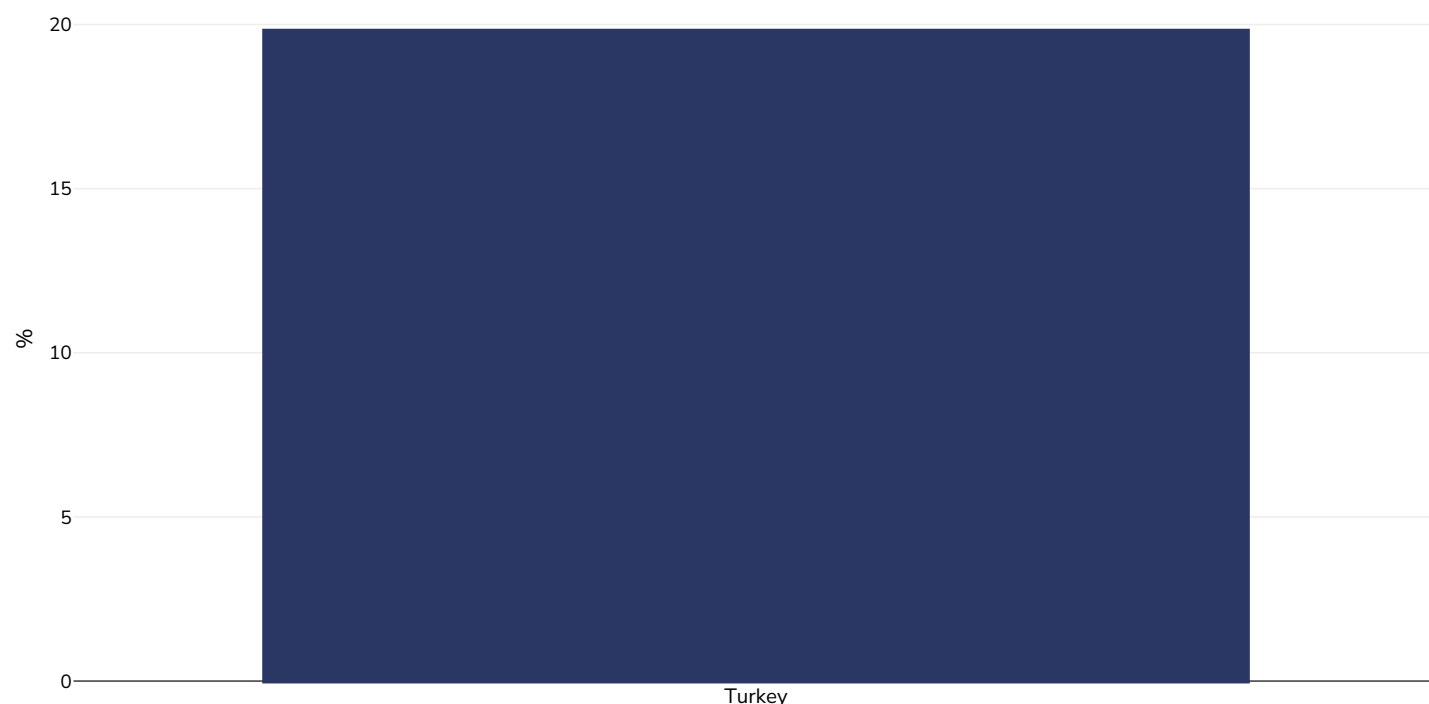
Girls, 2016



Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.
Definitions:	% Adolescents insufficiently active (age standardised estimate)

Prevalence of at least daily carbonated soft drink consumption

Children, 2010



Survey type: Measured

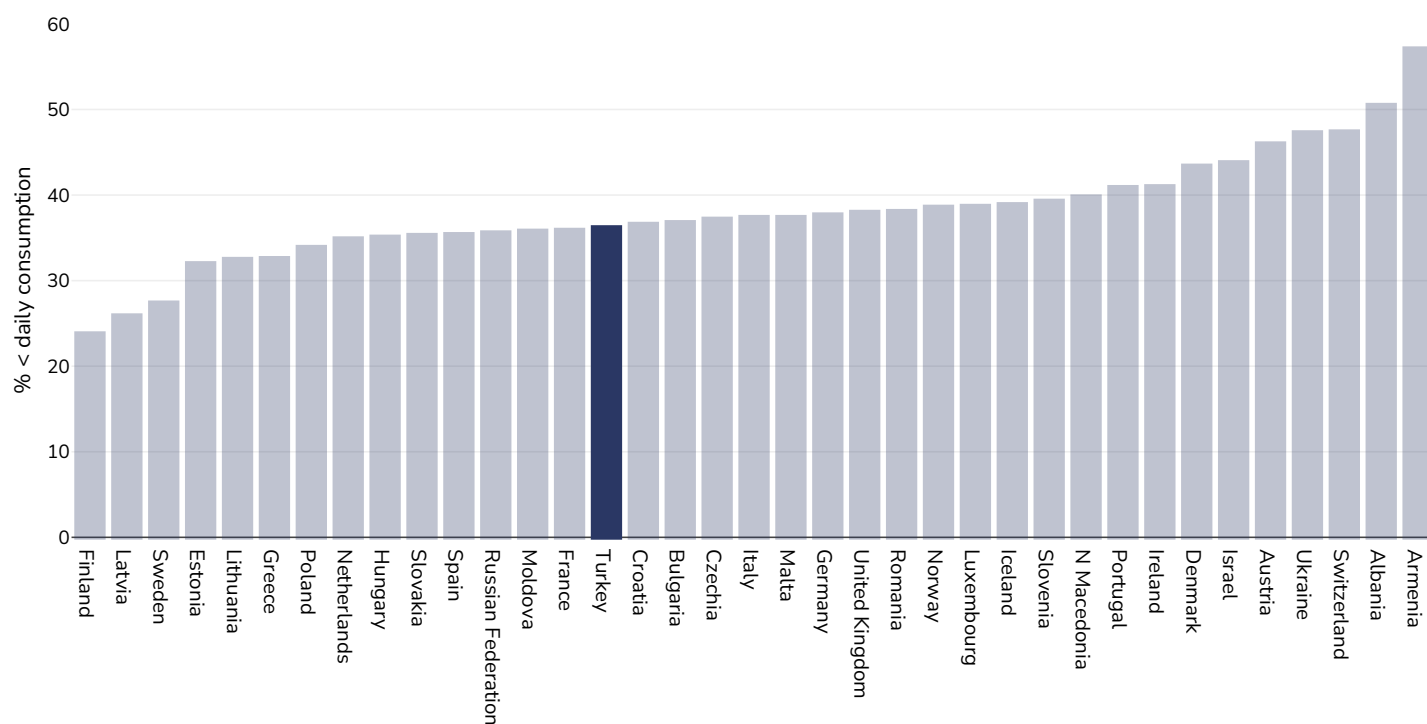
References: World Health Organization. (2017). Adolescent obesity and related behaviours: Trends and inequalities in the who european region, 2002-2014: observations from the Health Behavior in School-aged Children (HBSC) WHO collaborative cross-national study (J. Inchley, D. Currie, J. Jewel, J. Breda, & V. Barnekow, Eds.). World Health Organization. Sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org>

Notes: 15-year-old adolescents

Definitions: Prevalence of at least daily carbonated soft drink consumption (% of at least daily carbonated soft drink consumption)

Prevalence of less than daily fruit consumption

Children, 2010-2014



Survey type: Measured

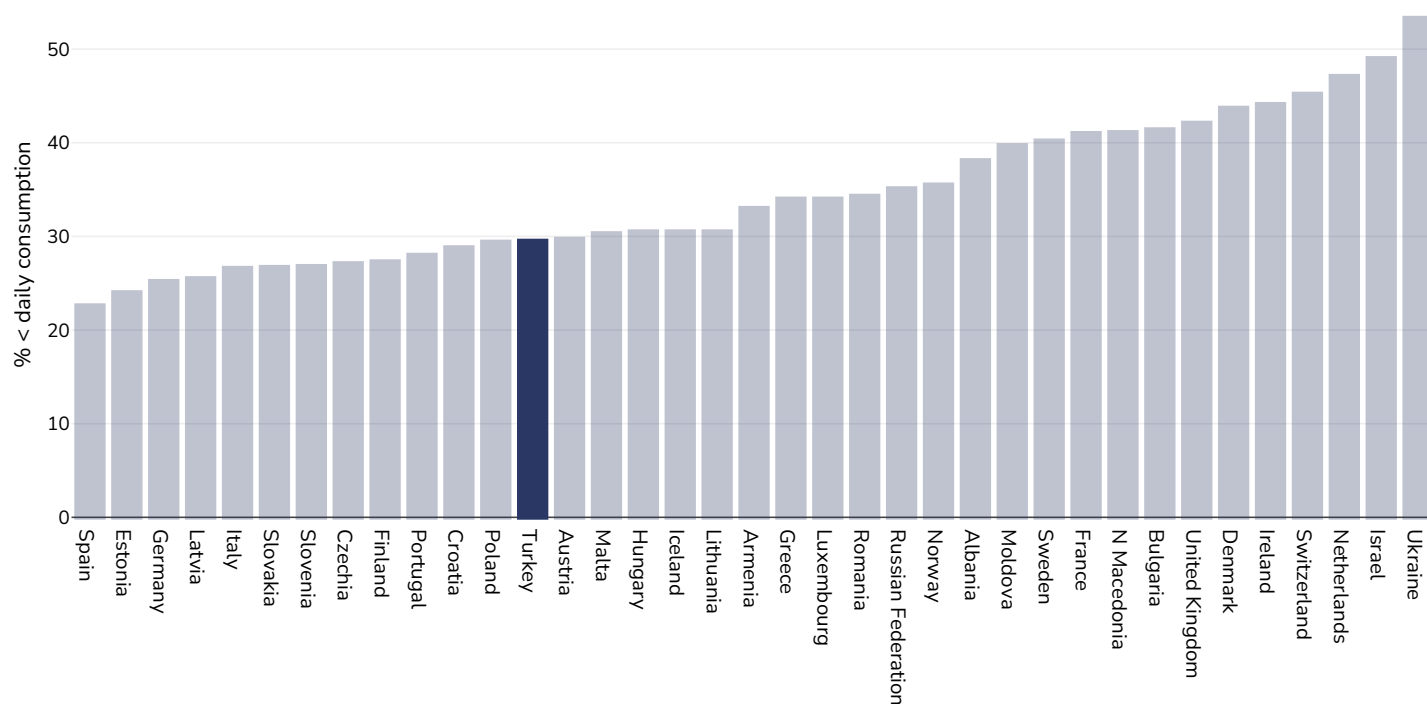
Age: 12-17

References: Global School-based Student Health Surveys. Beal et al (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287>. Sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>

Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)

Prevalence of less than daily vegetable consumption

Children, 2010-2014



Survey type: Measured

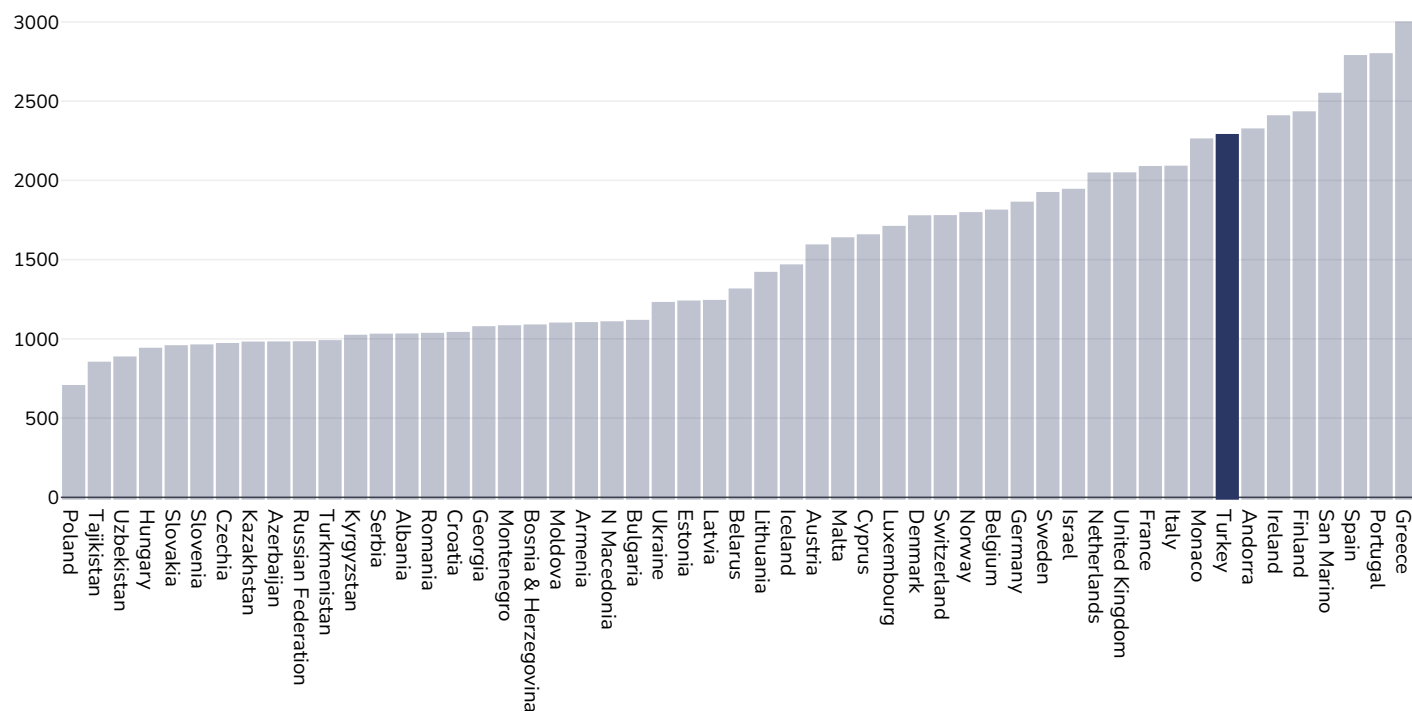
Age: 12-17

References: Beal et al. (2019). Global Patterns of Adolescent Fruit, Vegetable, Carbonated Soft Drink, and Fast-food consumption: A meta-analysis of global school-based student health surveys. Food and Nutrition Bulletin. <https://doi.org/10.1177/0379572119848287> sourced from Food Systems Dashboard <http://www.foodsystemsdashboard.org/food-system>

Definitions: Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)

Mental health - depression disorders

Children, 2021



Area covered:

National

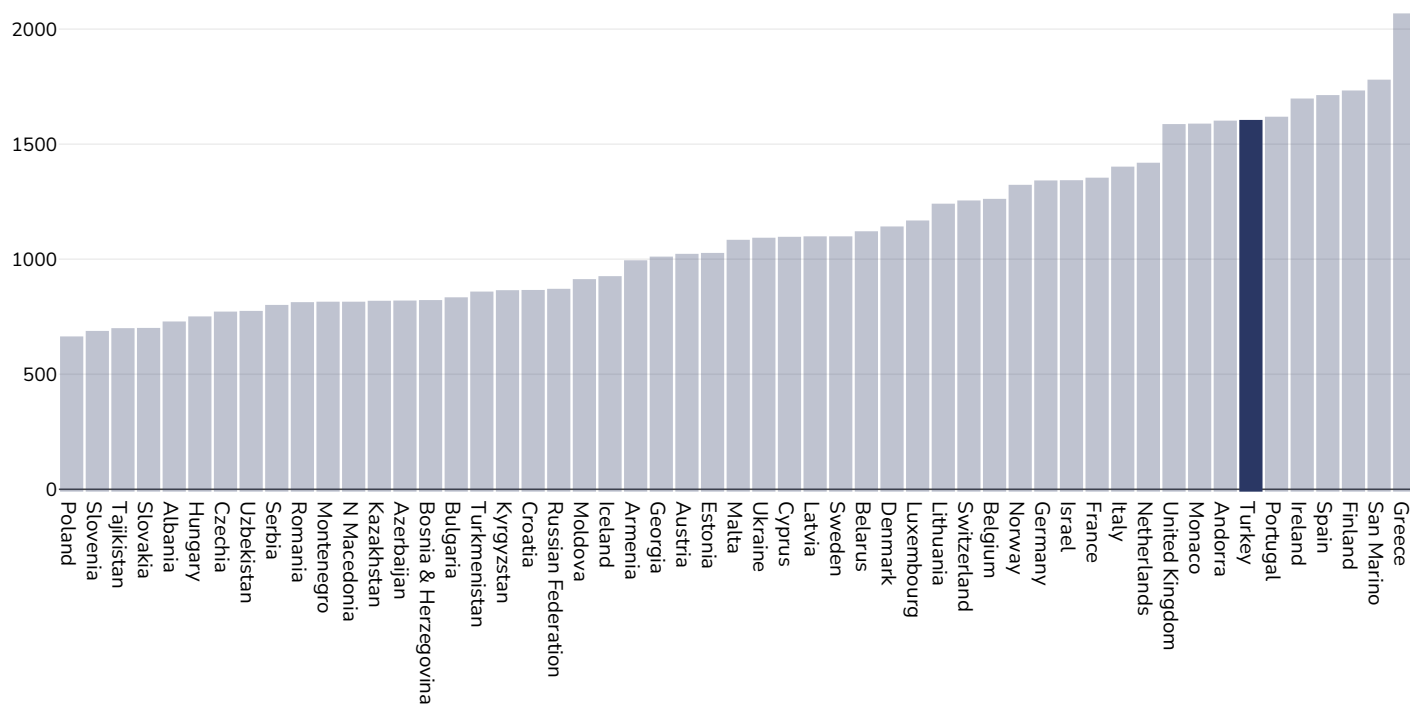
References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Boys, 2021



Area covered:

National

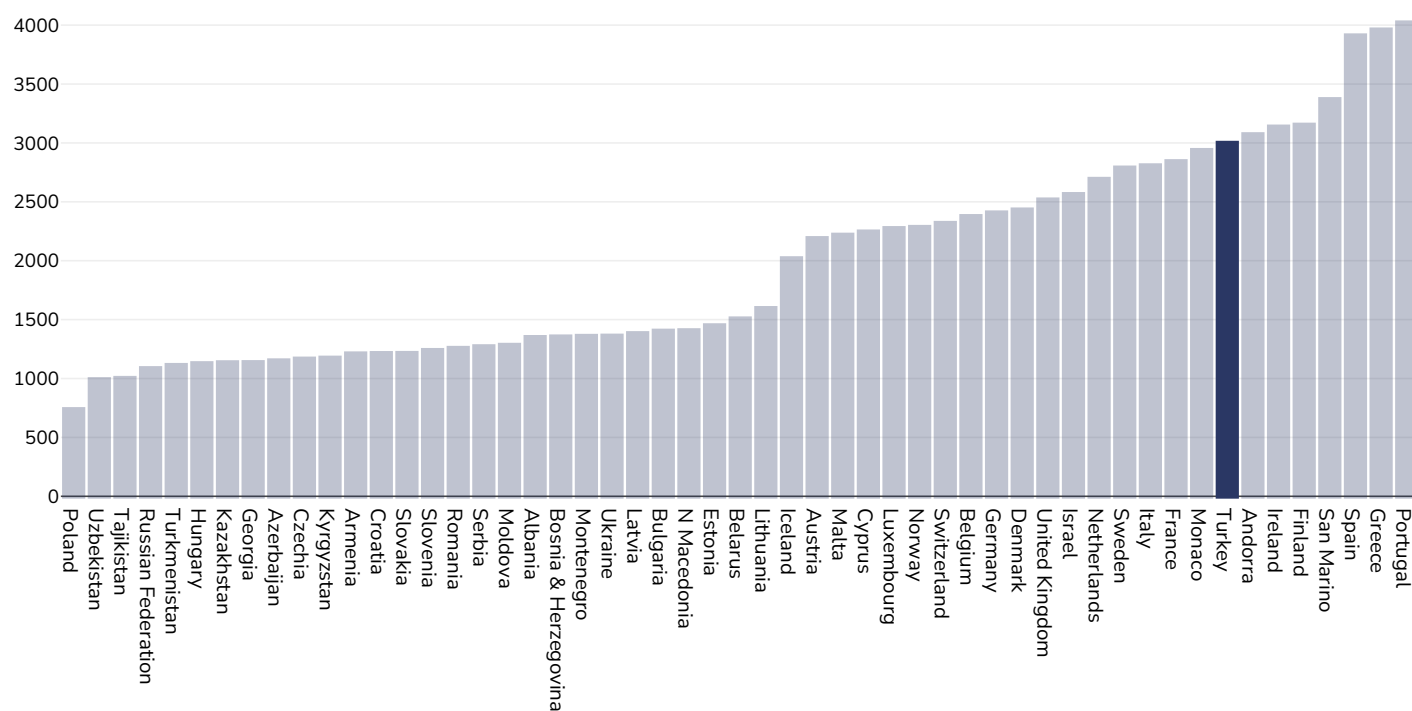
References:

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Girls, 2021



Area covered:

National

References:

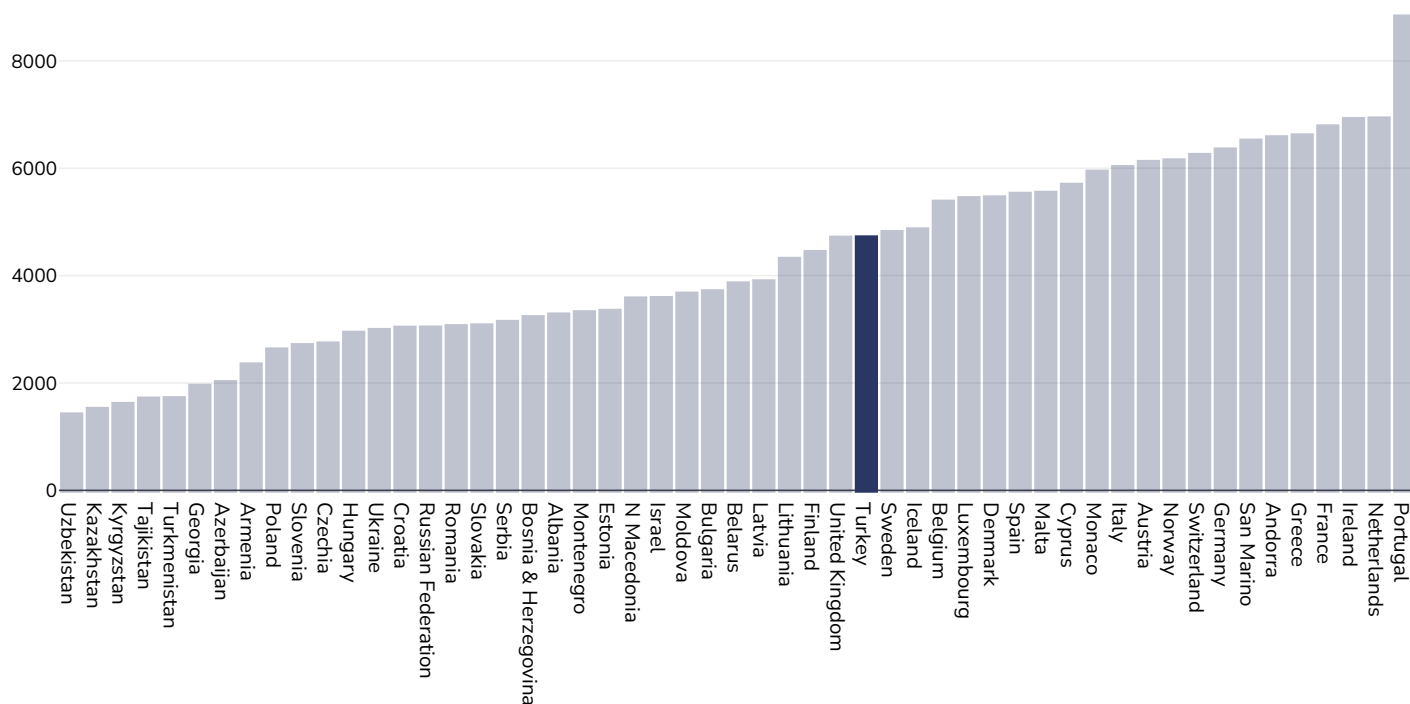
Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions:

Number living with depressive disorder per 100,000 population (Under 20 years of age)

Mental health - anxiety disorders

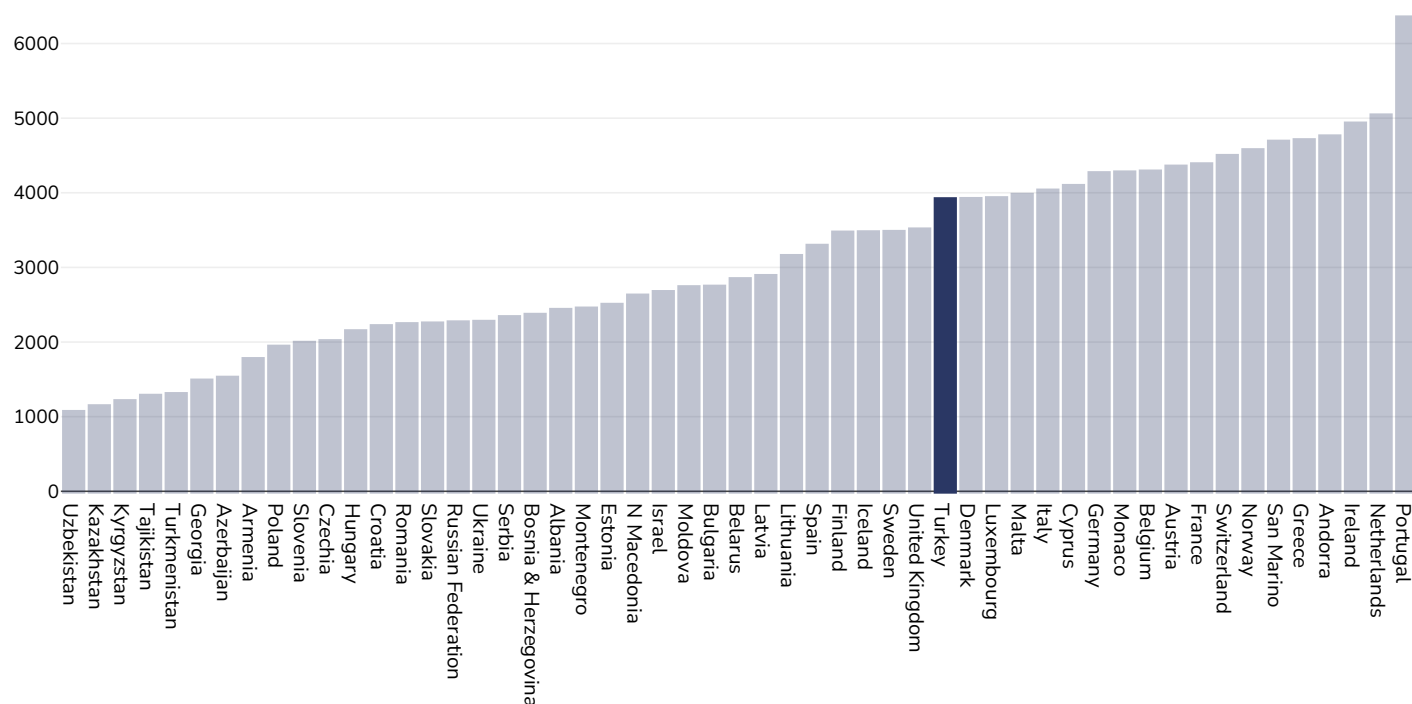
Children, 2021



References:

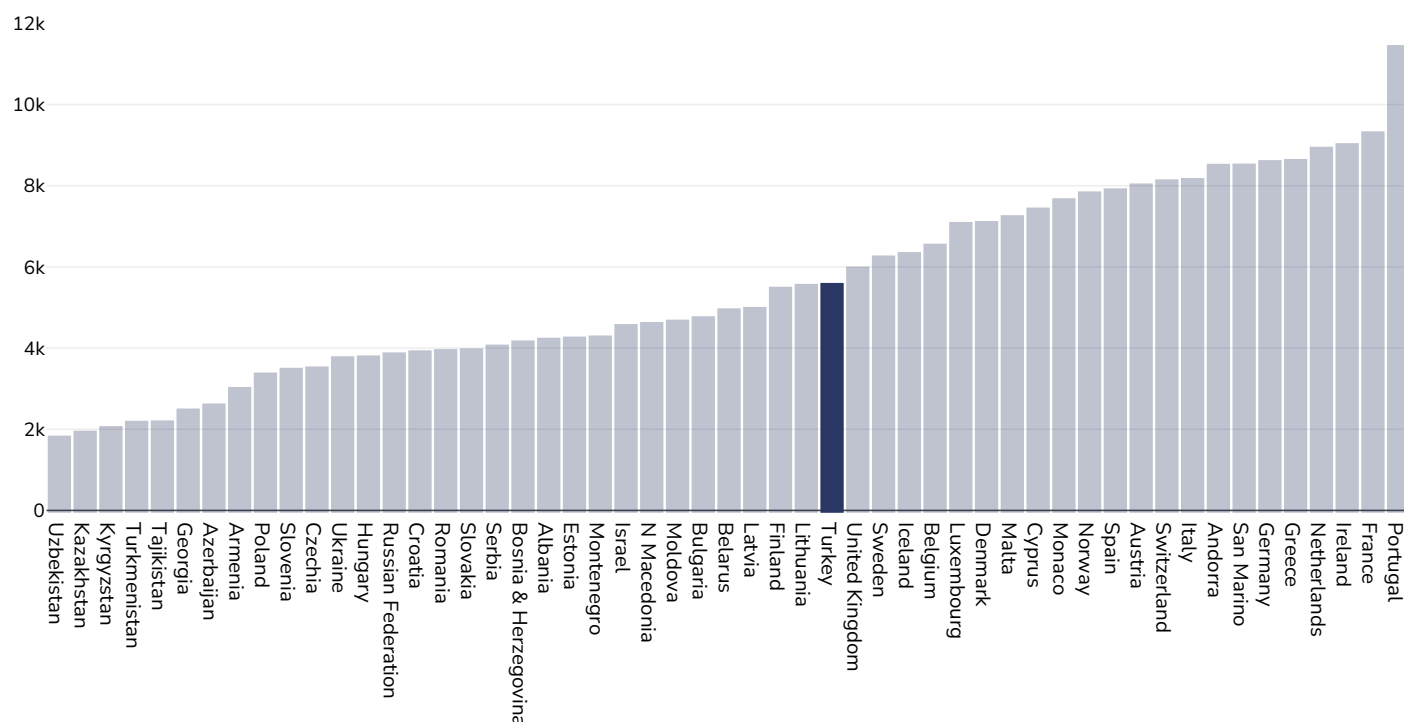
Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Boys, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Girls, 2021



References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

PDF created on August 19, 2025