FRENCH POLYNESIA

Population\(^1\)  231 400

Infant mortality rate\(^2\)  6.7 per 1000 live births

Life expectancy at birth\(^2\)  71.5 years

Fertility rate\(^2\)  2.7

Annual population growth rate\(^3\)  1.5 %

NUTRITION OVERVIEW

The main nutritional problems are lifestyle-related. Alcohol consumption is high and the daily per capita energy supply (3750 kcal in 1995) is one of the highest in the Western Pacific Region. Recent achievements include a better insight into the prevalence of obesity and other noncommunicable diseases; the establishment of a medium-term plan of action for the promotion of breast-feeding and complementary feeding; the development of a project to improve school nutrition; and the establishment of a five-year (1999-2003) obesity control programme.

NUTRITIONAL PROBLEMS

Birth weight

In 1999 and 2000\(^1\), 6% of infants were born with a low birth weight (<2500 g).

Infant feeding\(^3\)

In 2000, based on the eight-day health certificates data, the percentage of infants breast-fed at birth was 81%. In 1997 and 2001, breast-feeding practice surveys among children less than 12 months of age showed that breast-feeding rates had improved significantly from 1997 (35%) to 2001 (49%). The exclusive breast-feeding rate for the first six months had increased from 5% in 1997, to 19% in 2001. The predominant breast-feeding rate for the first six months had increased from 11% in 1997, to 19% in 2001. Accordingly, the bottle-feeding rate had decreased from 89% in 1997 to 47.5% in 2001.

The average age for introducing solid foods was 17 weeks in 1997 and 32 weeks in 2001.

Child growth

In 2000, analysis of 24\(^{th}\)-month health certificates data, based on the BMI (per age and sex), showed that, at two years of age, 8% of children were over the 97\(^{th}\) percentile and 6% were under the third percentile.

Nutritional anaemia

There has been no territorial survey on nutritional anaemia in pregnant women and children.


In 2000, 60% of pregnant women attending antenatal consultations (n=641, urban area of Tahiti) were found with iron deficiency anaemia. A 1997 survey among 107 healthy children regularly attending the paediatric consultations showed that 43% of children above 10 months were anaemic (HB<10g/dl).

The 2001-2002 study on helminthiasis among schoolchildren, showed a prevalence of anaemia (Hb <11.5 g/dl) of 7.1% and 14.5% in two different schools.\(^4\)

### Iodine deficiency

A 1989-1990 survey in Tahiti showed a goitre prevalence (TGP) of 1.55% among 10-15-year-olds, and of 4.42 % among adults.\(^5\)

### Vitamin A deficiency

In a 1995 survey on noncommunicable diseases in adults (16 years and above), vitamin A intake was found to largely exceed requirements.

### Obesity

A 2002 school survey among schoolchildren of between three and 18 years of age (n=17 000, urban area of Tahiti) found a high prevalence of obesity, increasing with age: 6% among the three-year-olds, 7% among the six-year-olds, 12% among the 10-year-olds and 14% among the 15-year-olds.

In 1995, a territorial survey showed that 44.3% of women and 36.4% of men aged 16 years and older were obese (BMI>30), and 28.2% of women and 38.9% of men were overweight (BMI between 25-29).\(^6\)

The WHO Global Database on BMI reports rates of overweight and obesity (%) in 1995 as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Year survey began/ended</th>
<th>Sex</th>
<th>Age range (years)</th>
<th>Overweight (BMI≥25)</th>
<th>Pre-obese (BMI 25-29.99)</th>
<th>Obesity (BMI ≥30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>French Polynesia</td>
<td>1995</td>
<td>Male</td>
<td>≥16</td>
<td>75.2</td>
<td>36.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td></td>
<td>72.5</td>
<td>44.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both sexes</td>
<td></td>
<td>73.7</td>
<td>40.9</td>
<td></td>
</tr>
</tbody>
</table>

### POLICIES AND PROGRAMMES DIRECTED AT NUTRITION

Realizing the importance of the obesity problem and its effects, a territorial programme for the promotion of healthy lifestyles and the prevention of obesity was established in 1999. A pilot committee was created and the first five-year Plan of Action (1999-2003) was finalized. This Plan of Action, called Programme pour une vie saine et un poids santé 1999-2005, has been officially endorsed, and has received funding for its implementation. The Programme is a health priority integrated into the 2001-2005 Health Plan that targets three population groups: children, pregnant women and overweight persons. Five main areas for intervention have been identified: health education, training, medical practice, healthy environments and research. Working groups have been established for each area to plan and implement activities.

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\(^4\) Hughes R. *Environmental influences on helminthiasis and nutritional status among Pacific Schoolchildren*. Not yet published. For the purpose of this study, country governments selected two schools to be surveyed, one from the capital or commercial centre and the other less accessible. Approximately 150 children aged 5-12 years of age were selected from each school.

\(^5\) WHO Global database on IDD: http://www3.who.int/whosis/

This Programme is addressing healthy food promotion and regular physical activity and some actions for the management of obese adults and children.

In January 2002, the Government has set up a tax on high sugar products. The tax contributes to the Prevention Fund for the funding of multisectoral programmes and prevention actions in the health, education, youth and sport sectors.

**Breast-feeding policies**

A Plan of Action for Breast-feeding Promotion and Child Nutrition took effect in 1997 and was renewed in 2001. There is no Baby-friendly Hospital Initiative yet, but all the nurseries and maternity services apply recommendations to protect and support breast-feeding.

All government health facilities, where 64% of all deliveries take place, report rooming-in practices and have a written breast-feeding policy. They also report that breast-feeding education is included in their antenatal classes.

A series of training programmes has been conducted for health professionals to standardize practices to support breast-feeding, weaning and well balanced diet.

A network of more than 20 breast-feeding trainers exists and is very active in developing breast-feeding promotion and breast-feeding actions. Since 2001, World Breastfeeding Week has been celebrated annually.

An awareness programme will be conducted based on the principles of the International Code of Marketing of Breast-milk Substitutes. Some of the provisions of the Code have been adopted into law.

Almost half of all women participate in the paid labour force and are entitled to 16 weeks of paid maternity leave in both the public and private sectors, 10 weeks after childbirth. One-hour paid (with medical certificate) breast-feeding breaks are allowed in both the private and public sectors.

**Monitoring and surveillance of nutritional status**

There is currently no plan for monitoring and surveillance of nutritional status. Information on birth weight, nutrition during pregnancy, infant feeding, and nutritional anaemia are collected routinely at the health services level, but the data are not incorporated into the centralized information system organized by the Health Directorate. In 1995, a survey on noncommunicable diseases was conducted in collaboration with the Ministry of Health. Special studies are carried out on infant feeding practices, child growth and obesity in adults.

*Prepared by Yolande Mou, Département des Programmes de Prévention, Direction de la santé en Polynésie française.*