KIRIBATI

Population \(^1\) 89 080

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<thead>
<tr>
<th></th>
<th>Infant mortality rate (^2)</th>
<th>53.0 per 1000 live births</th>
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<tbody>
<tr>
<td>Life expectancy at birth (^2)</td>
<td>60.2 years</td>
<td></td>
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<td>Fertility rate (^2)</td>
<td>3.95</td>
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<td>Annual population growth rate (^2)</td>
<td>1.8%</td>
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NUTRITION OVERVIEW

The recent establishment of the National Nutrition Centre, with an additional staff member, has enabled the Government to carry out more activities related to nutrition. The lack of baseline data for most nutritional problems, as well as the absence of standardized methods and systems for assessing and monitoring nutritional status, are major constraints.

NUTRITIONAL PROBLEMS

Birth weight

In 1997, 5.9%, and in 1998\(^2\), 5% of infants were born with a low birth weight (<2500 g).

Infant feeding

The proportion of infants ever breast-fed is about 92%. Around 80% of infants are predominantly breast-fed at four months, and approximately 19% are still being breast-fed at the age of two years.

Child growth

In 1996, there were 182 (0.4%) reported cases of malnutrition in the 0-14 age group.

Nutritional anaemia

The 2001-2002 study on helminthiasis among schoolchildren, showed a prevalence of anaemia (Hb <11.5 g/dl) of 13.0% and 44.8% in two different schools\(^3\).

Vitamin A deficiency

In 1996, there were 366 (0.8%) reported cases of vitamin A deficiency among children aged 0-14 years. Among adults (15+), there were 373 (0.57%) reported cases. Since 1994, vitamin A capsules have been distributed nationwide to children aged six months to six years, three times a year.

\(^1\) Country data
\(^3\) 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.
Obesity

A 1981 survey reported a median BMI among adults (> 20 years of age) of 25.1 for females and 27.7 for males, respectively living in rural area and in urban area, and of 24.4 and 28.3 for females, respectively living in rural area and in urban area.

POLICIES AND PROGRAMMES DIRECTED AT NUTRITION

A Nutrition Policy was drafted in 1992 and reviewed in 1995. The National Nutrition Policy and Plan of Action (1997-2001) was drafted in 1997, and was approved by Cabinet in 1998. The Kiribati National Food and Nutrition Committee, an intersectoral body, was set up in 1982 and was involved in drafting the Nutrition Policy and the Plan of Action. The Committee has the task of reviewing the National Nutrition Policy and also has responsibility for the implementation, monitoring and evaluation of the Plan of Action.

Dietary Guidelines were launched in 1998.

Breast-feeding policies

There is a National Breast-feeding Policy, which has been approved as part of the National Food and Nutrition Policy. However, none of the hospitals with maternity facilities have been awarded baby-friendly status.

The National Breast-feeding Policy includes provisions of the International Code of Marketing of Breast-milk Substitutes. Efforts have been made to make the Code part of national legislation.

Community activities, together with media campaigns, are planned several times a year. Information materials are distributed to mothers.

A third of women participate in the paid labour force. There are 12 weeks of maternity leave in the public sector, fully paid for the first two births only. Maternity leave can only be taken six weeks prior to delivery and six weeks after delivery. (Any week not taken prior to delivery cannot be counted as part of after-delivery leave.)

Monitoring and surveillance of nutritional status

The National Nutrition Centre of the Ministry of Health plays a key role in monitoring and surveillance of nutritional status. However, there is no standardized system in place to monitor nutritional status and assess breast-feeding and infant-feeding practices. Vitamin A deficiency cases are recorded on monthly statistics forms. Child growth is monitored in the under-5 clinics.

Intervention programmes

The National Nutrition Centre undertakes intervention programmes. Community awareness, through nutrition education programmes, is used to improve nutrition in pregnancy, obesity, nutritional anaemia and vitamin A deficiency, and to promote baby-friendly hospitals.

Nongovernmental organizations, such as the Foundation for the People of the South Pacific, have also contributed to nutrition education in the community. The Ministry of Education, Training & Technology is responsible for the nutrition education programmes in schools.

Note: No update was received in 2003. The country profile reflects the situation as known in 2000, as well as any information from published or government sources available to the WHO Western Pacific Regional Office.