REPUBLIC OF KOREA

<table>
<thead>
<tr>
<th>Population</th>
<th>47 639 618</th>
</tr>
</thead>
</table>

| Infant mortality rate | 6.2 per 1000 live births |
| Life expectancy at birth | 76.5 years |
| Fertility rate | 1.3 |
| Annual population growth rate | 0.63% |

NUTRITION OVERVIEW

The nutritional problem in the Republic of Korea is characterized by: undernutrition in a small fraction of the deprived socioeconomic classes and widespread overnutrition among those with higher energy intakes and less physical activity.

NUTRITIONAL PROBLEMS

Births weight

According to the vital statistics of the National Statistical Office, 3.95% of live births were recorded as being low birth weight (< 2,500 g) in 2001.

Infant feeding

According to the 2001 National Health and Nutrition Survey, the proportion of infants exclusively breast-fed was 31.6% at one month of age, 14.0% at four months, and 1.4% at 12 months. On the other hand, 36.0% of infants were being breast-fed with breast-milk substitutes until 12 months of age.

Child growth

In 1997, a subnational survey of Korean children and adolescents, covering 49 929 children under five years of age, reported that 3% were underweight.

Nutritional anaemia

According to the 2001 National Health and Nutrition Survey, the prevalence of anaemia diagnosed by low hemoglobin and hematocrit values was 7.0% among the population 10 years and over. Females showed a higher prevalence than males (10.3% vs. 2.7%). Interestingly, children 10-19 years showed a lower prevalence than other age groups.

3 Abridged life tables by NSO, 2001 Republic of Korea
4 Summary of Vital Statistics by NSO, 2001 Republic of Korea
5 Population projection by NSO, 2002 Republic of Korea
Obesity

The WHO Global Database on BMI reports rates of overweight and obesity (%) in 1998 as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Year survey began/ended</th>
<th>Sex</th>
<th>Age range (years)</th>
<th>Rates of overweight and obesity (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>≥20</td>
<td>Overweight (BMI ≥25)</td>
</tr>
<tr>
<td>Korea</td>
<td>1998</td>
<td>Male</td>
<td>26.0</td>
<td>24.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>26.5</td>
<td>23.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both sexes</td>
<td>26.3</td>
<td>23.9</td>
</tr>
</tbody>
</table>

The overweight prevalence was higher in the 2001 National Health and Nutrition Survey (NHNS) compared with the 1998 NHNS. The 2001 data showed that overweight (25 ≤ BMI < 30) and obesity (BMI ≥30) among adults of 20 years and over was 27.4 % and 3.2 % respectively, compared with 23.9 % and 2.4 % in 1998. For male adults, the figures were 29.6 % and 2.8 %, while they were 25.9 % and 3.5 % for female adults.

POLICIES AND PROGRAMMES DIRECTED AT NUTRITION

With the promulgation of the National Health Promotion Act in 1995, the National Health and Nutrition Survey has been conducted every year since 1998. The survey is a comprehensive one, including a health interview survey, a health behavior survey, a health examination survey, and a nutrition survey.

In April 2002, the Ministry of Health and Welfare promulgated the Comprehensive Health Promotion Policy, with health goals. The basis of this policy was the Health Plan 2010, in which plans for improving the nutritional status of the population are included. Some important programmes for nutrition are the revision and dissemination of dietary guidelines, enforcing mandatory nutrition labelling, providing nutrition services to vulnerable groups (e.g. young children, the elderly), and dissemination of science-based nutrition information. The Ministry of Health and Welfare has been conducting various programmes and policies according to this Plan.

As one of the interim results, the Dietary guidelines for Koreans were revised and since February 2003, separate dietary action guides, customized for adults and the elderly, have been developed and disseminated.

In addition to this, the Plan for Expansion of Public Health Services is under intensive discussion, with a view to implementation within a year. In this plan, community nutrition service programmes through public health centres are considered.

Breast-feeding policies

There is a National Breast-feeding Policy and Committee, and the Baby-friendly Hospital Initiative has been launched. In 2003, seven more hospitals joined the Baby-friendly Hospital Initiative and a total of 32 hospitals with maternity services have been declared baby-friendly.

There is a voluntary Code of Marketing of Breast-milk Substitutes and some provisions have been adopted as law (the Food Sanitation Law prohibits infant formula advertisements).

Recently, a research institute (KHIDI) affiliated with the Department of Health and Welfare published a manual for the breast-feeding promotion and education programme at the public health centre (PHC) level, to be used as a part of nutrition services and disseminated nationwide.
Women’s labour force participation has been increasing steadily and women are entitled to have been entitled to 12 weeks of paid maternity leave since 2002.

**Monitoring and surveillance of nutritional status**

The National Health and Nutrition Survey (NHNS) was conducted for the first time in 1998 and replaced the National Nutrition Survey, which had been conducted every year from 1969 to 1995. This NHNS is repeated every three years as stated in the National Health Promotion Act of 1995. Nationwide Nutrition Survey is a part of this NHNS and data are collected on dietary intake (by one-day/24 hr recall), dietary habit, food frequency (for prior one year) and infant feeding (among children 12-35 months of age). Data collected from the same sample population by Health Examination Survey, another part of NHNS, provide information on the prevalence of anaemia and overweight/obesity.

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