MICRONESIA, FEDERATED STATES OF

<table>
<thead>
<tr>
<th>Population</th>
<th>Infant mortality rate</th>
<th>Life expectancy at birth</th>
<th>Fertility rate</th>
<th>Annual population growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>107 010</td>
<td>19.5 per 1000 live births</td>
<td>67.2 years</td>
<td>4.4</td>
<td>0.3%</td>
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NUTRITION OVERVIEW

Micronutrient deficiencies, especially nutritional anaemia and vitamin A deficiency, are major nutritional problems. At the same time, noncommunicable diseases are becoming more prevalent.

NUTRITIONAL PROBLEMS

Birth weight

In 2000, 18% of infants were born with a low birth weight (<2500 g).1

Infant feeding

The proportion of infants ever breast-fed rose from 90% in previous years to 99% in 1996. At one year of age 75% of infants were still being breast-fed and at two years, 70%. In 1999, 55% of infants were being exclusively breast-fed at four months of age. Weaning from the breast occurs at seven to nine months.

Child growth

The 1993 National Survey showed that 48% of children in Pohnpei aged from two to four years were below the 5th percentile on the standard growth charts. The survey also showed that 13% of children were wasted.

Nutritional anaemia

Iron deficiency anaemia has been found to affect 40% of women, 40% of Chuukese children and 20% of Pohnpeian children. A 1994 study conducted in Pohnpei among children aged from two to four years showed that 33% were anaemic.

The 2001-2002 study on helminthiasis among schoolchildren, showed a prevalence of anaemia (Hb <11.5 g/dl) of 11.5% and 13.5% in two different schools in Pohnpei and a prevalence of 26.6 and 19.4 in two different schools in Yap.2

Vitamin A deficiency

Vitamin A deficiency has been identified as a problem in Pohnpei and Chuuk. A 1994 study in Pohnpei among children aged from two to five years, using serum retinol as an indicator, showed that 44% were moderately deficient and 7% severely deficient.

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2 Hughes R. Environmental influences on helminthiasis and nutritional status among Pacific Schoolchildren. Not yet published. For the purpose of this study, country government 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.
The 1997 vitamin A deficiency assessment reported a reduction in clinical ocular signs from 17% to 10%. In Chuuk, the prevalence of clinical vitamin A deficiency was 18%, and of subclinical deficiency 96%.

**Obesity**

The 1987-1988 survey showed a high prevalence of obesity among women, increasing with age. Approximately 33% were overweight and 33% were obese.

In a 1993-94 survey\(^1\), the prevalence of overweight/obesity (BMI>25) ranged between 66% and 81% for females from 30-64 years of age, and between 65% and 92% for males from 30-64 years of age.

**POLICIES AND PROGRAMMES DIRECTED AT NUTRITION**

A five-year National Plan of Action for Nutrition was finalized in December 1999. The nine recommended strategies are being fully implemented. The National Food and Nutrition Commission was established in 1993 with the involvement of various government departments. However, with the change in government administration, new members are expected to join.

National Dietary Guidelines were reviewed in December 1999.

**Breast-feeding policies**

There is a National Breast-feeding Policy, a National Committee and a Coordinator. The Baby-friendly Hospital Initiative has been launched. One hospital was assessed by an external assessor in 1999 and has been improving services to acquire baby-friendly status. Two out of the four hospitals are preparing for internal assessment of the “10 steps to successful breast-feeding”.

The International Code of Marketing of Breast-milk Substitutes has been adopted. The Code was introduced in Congress in 1998, but was not approved due to changes in government administration. The Code was re-introduced to Congress for approval in October 2003.

Women’s support groups are active in three states and conduct educational campaigns among women, families and young women.

A third of women participate in the paid labour force, but there is no public sector maternity leave provision and there is only one week of unpaid leave in the private sector.

**Monitoring and surveillance of nutritional status**

Information is collected routinely on birth weight, nutrition during pregnancy, infant feeding, child growth and nutritional anaemia. Special studies are carried out on obesity and nutritional anaemia.

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Intervention programmes

Intervention programmes are undertaken to improve birth weight, nutrition during pregnancy, infant feeding, child growth, obesity and nutritional anaemia. A Vitamin A Deficiency and Albendazole campaign was started in 1993. The campaign is being held twice a year (March and September) and distributes vitamin A capsules and deworming tablets.

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