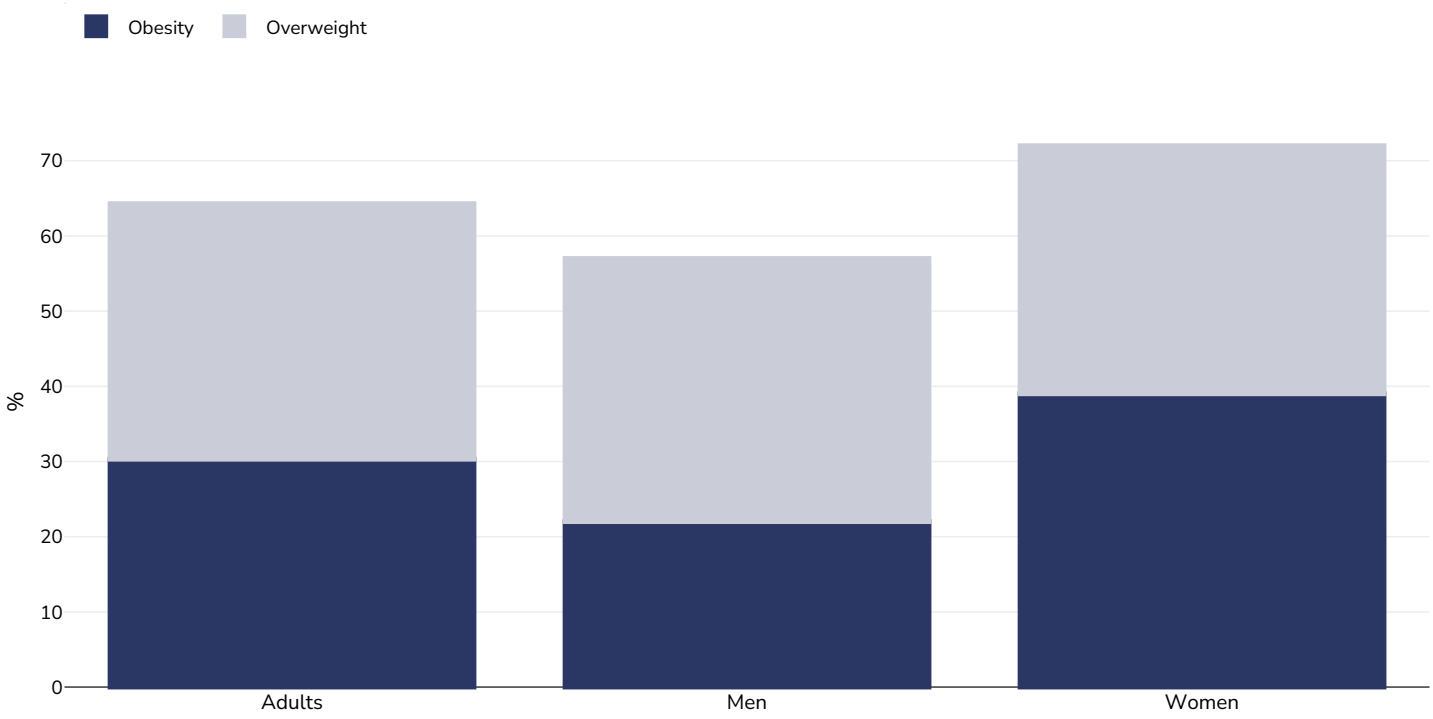
Report card
Seychelles

Contents	Page
Obesity prevalence	2
Trend:	6
Trend: % Adults living with obesity, 1989-2014	8
Trend: % Adults living with overweight or obesity, 1989-2014	10
Overweight/obesity by age	12
Insufficient physical activity	13
Average daily frequency of carbonated soft drink consumption	19
Estimated per capita fruit intake	20
Prevalence of less than daily fruit consumption	21
Prevalence of less than daily vegetable consumption	22
Average weekly frequency of fast food consumption	23
Estimated per-capita processed meat intake	24
Estimated per capita whole grains intake	25
Mental health - depression disorders	26
Mental health - anxiety disorders	27
Raised blood pressure	28
Raised cholesterol	31
Raised fasting blood glucose	34
Diabetes prevalence	36
Contextual factors	37

Obesity prevalence

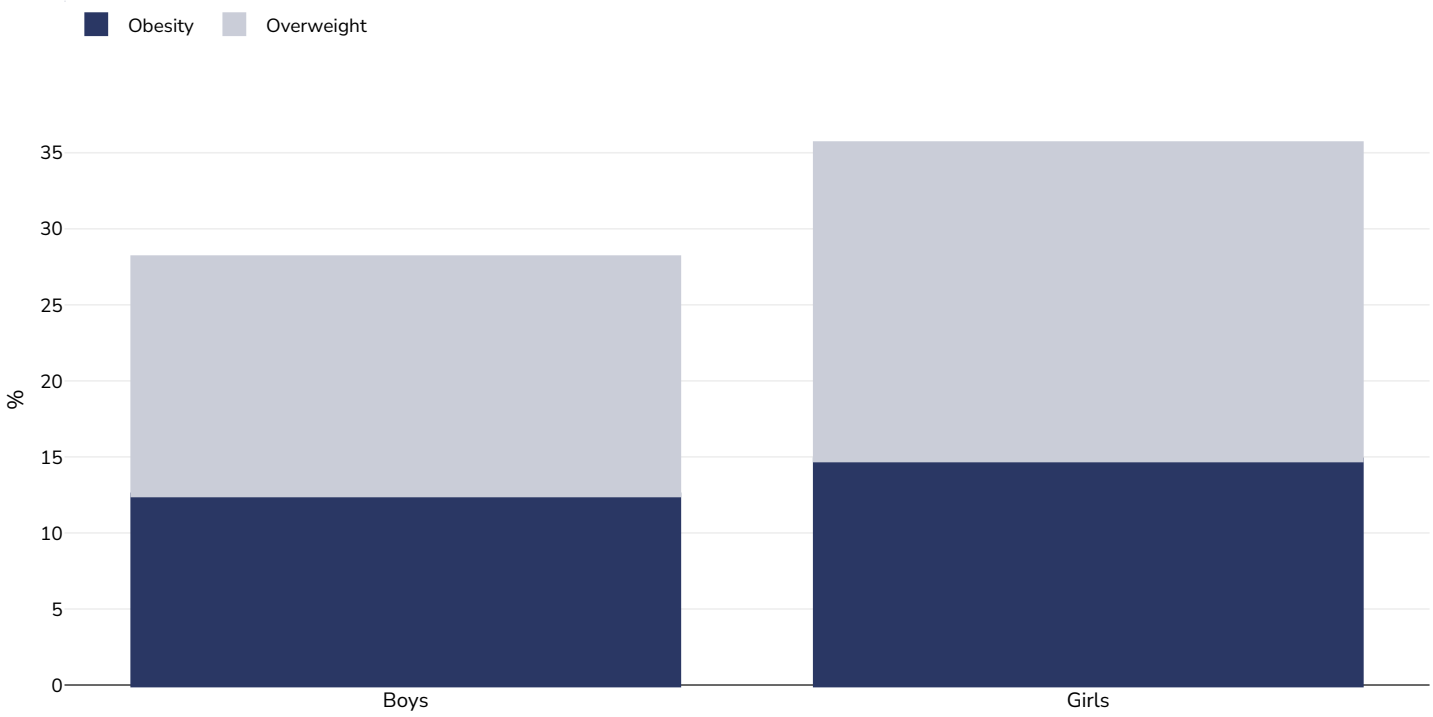
Adults, 2013-2014



Survey type:	Measured
Age:	25-64
Sample size:	1240
Area covered:	National
References:	National Survey of Noncommunicable Diseases in Seychelles 2013-2014 (Seychelles Heart Study IV) available at https://serval.unil.ch/resource/serval:BIB_1233D41F200A.P001/REF.pdf (available at 20.10.20)

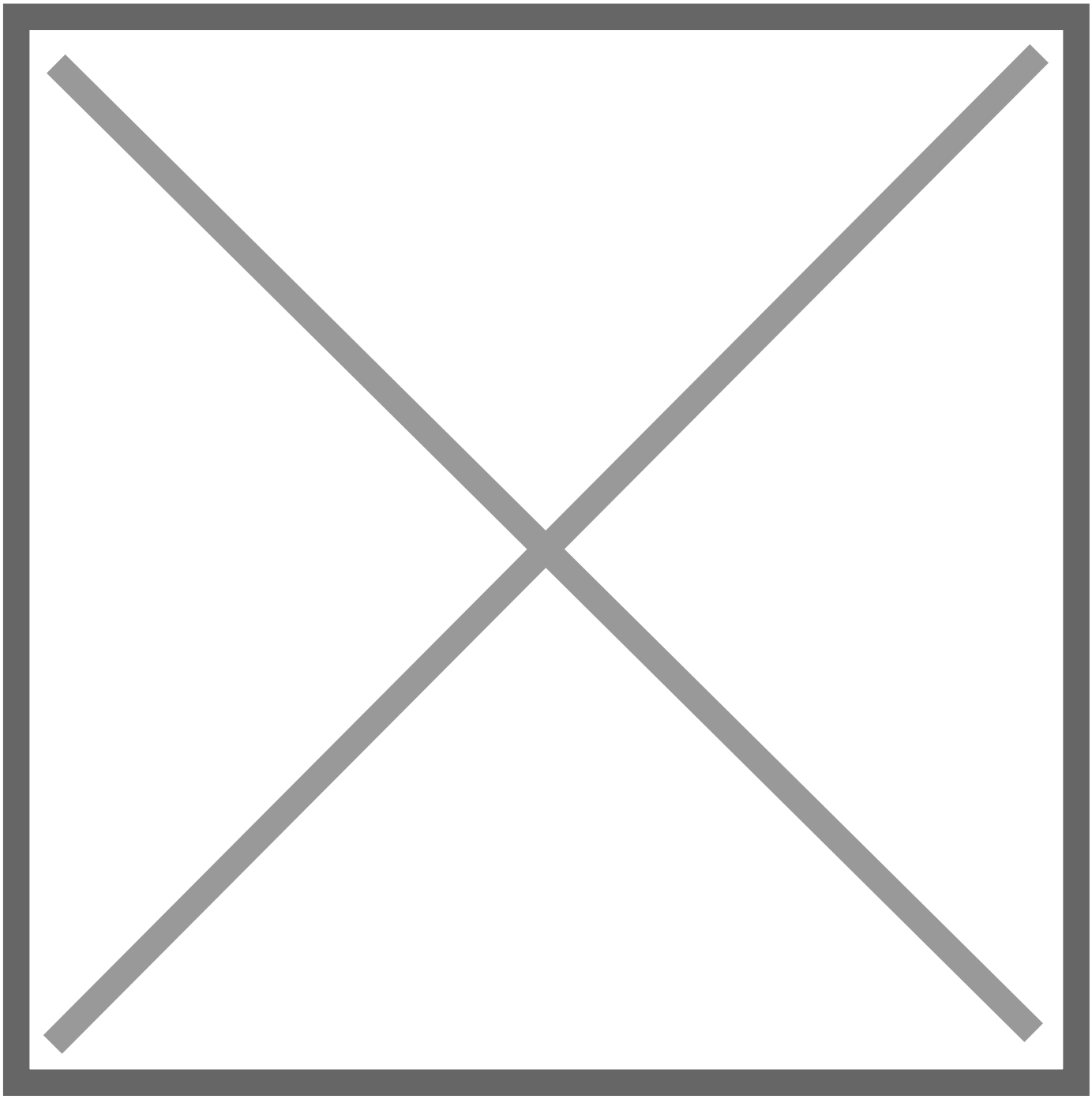
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Children, 2019



Survey type:	Measured
Age:	9-16
Sample size:	Approx 5000
Area covered:	National
References:	Mangroo G, Marie G, Bovet P. School Screening Programme: Update of the prevalence of overweight and obesity between 1998 and 2019. Data published in the National Health Strategic Plan 2022-2026 http://www.health.gov.sc/wp-content/uploads/National-Health-Strategic-Plan-2022-2026-Full-Version.pdf
Notes:	Please note: Original paper not found, methodology found in earlier publications and methodology assumed to be the same though not confirmed.
Cutoffs:	IOTF

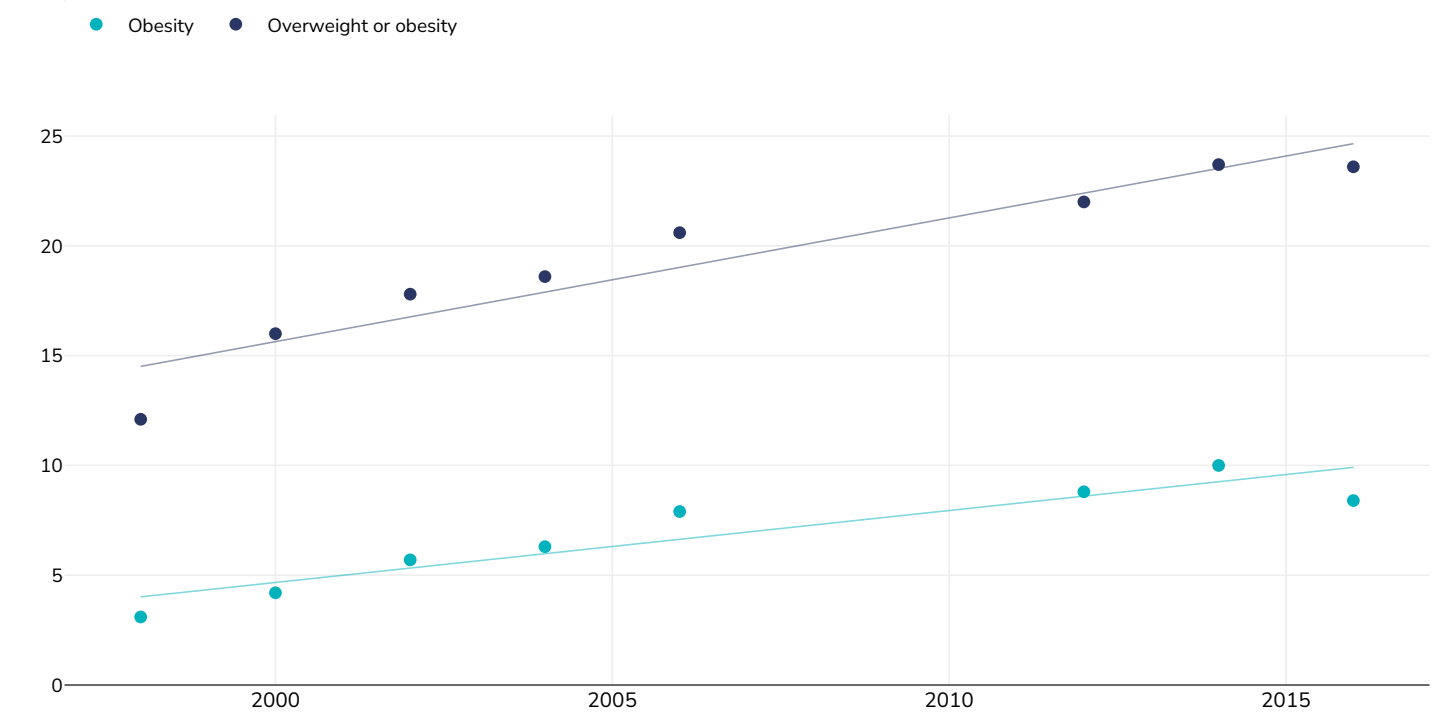
Infants, 2012



Age:	0-5
Sample size:	5008
References:	Other: The nutritional status and associated risk factors of 0-5 year old children in Seychelles. 7706 Med Health Project (thesis). Queensland, Australia: Griffith University, 2014.

Notes:	UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database: Overweight (Survey Estimates), May 2023, New York. For more information about the methodology, please consult https://data.unicef.org/resources/jme-2023-country-consultations/ Percentage of children under 5 years of age falling above 2 standard deviations (moderate and severe) from the median weight-for-height of the reference population.
Definitions:	=>+2SD

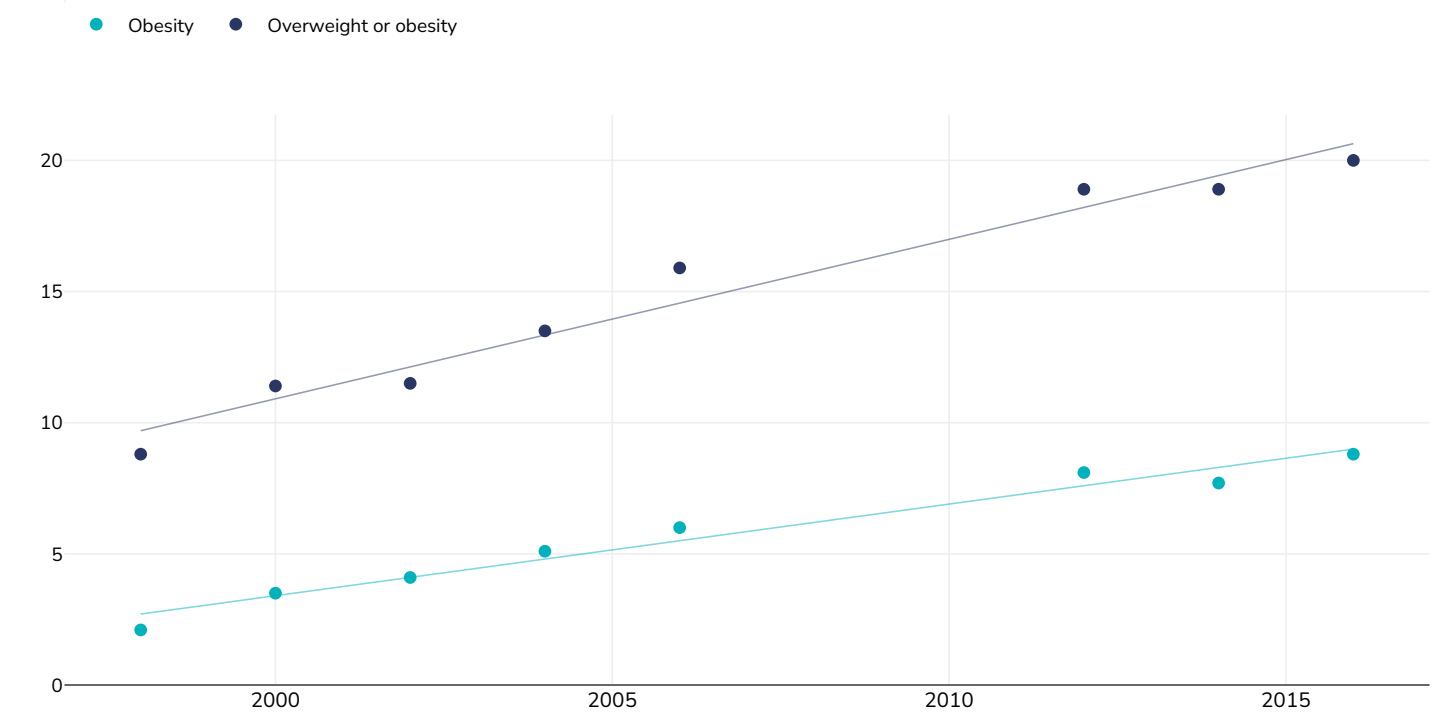
Girls



Survey type:	Measured
References:	1998, 2000, 2002, 2004, 2006, 2012, 2014: Mangroo G, Viswanathan B, Marie G, Bovet P (2017). Overweight, obesity and walking time among children and adolescents: findings from the School Screening Program in 2016 and comparison with findings since 1998. Public Health Authority, Ministry of Health, Seychelles 2016: Aly R, Viswanathan B, Mangroo G, Gedeon J, Bovet P. Trends in obesity, overweight, and thinness in children in the seychelles between 1998 and 2016.Obesity (Silver Spring). 2018 Feb 5. doi: 10.1002/oby.22112. [Epub ahead of print]

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Boys

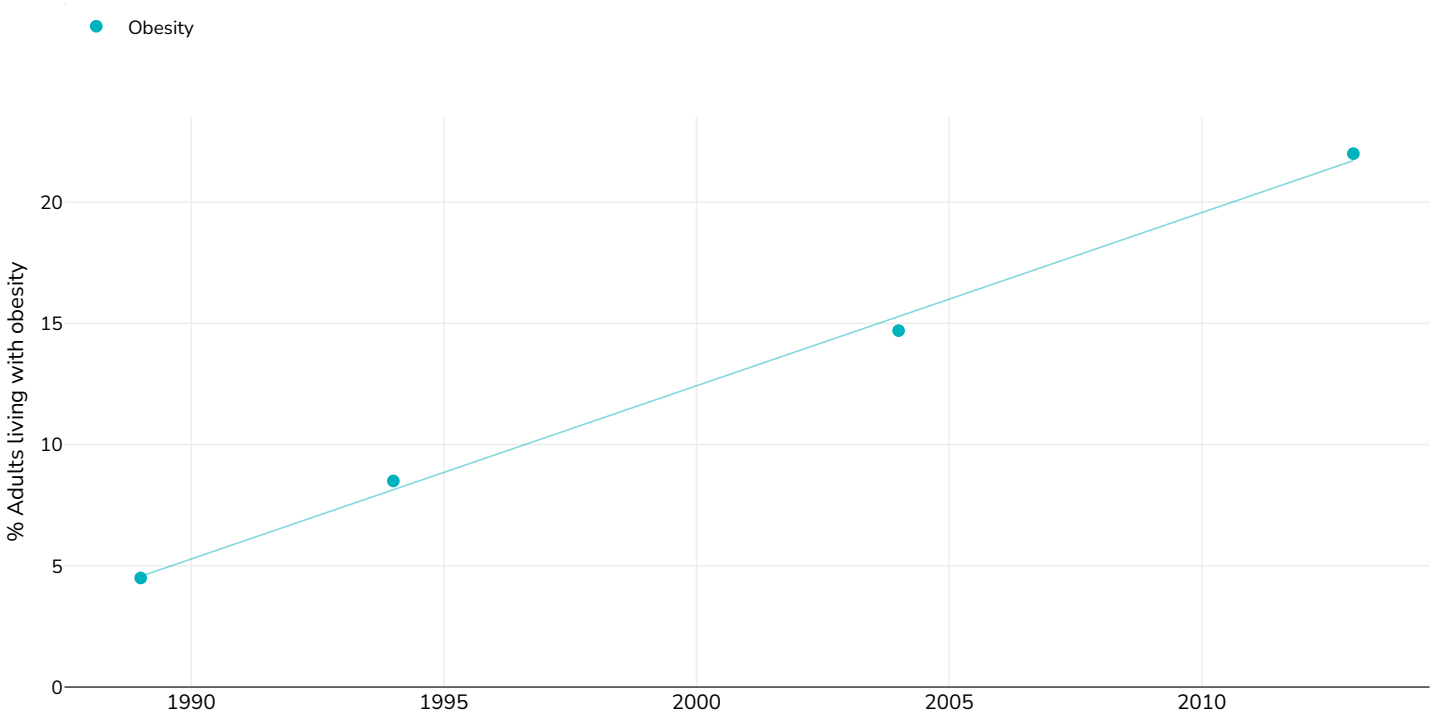


Survey type:	Measured
References:	1998, 2000, 2002, 2004, 2006, 2012, 2014: Mangroo G, Viswanathan B, Marie G, Bovet P (2017). Overweight, obesity and walking time among children and adolescents: findings from the School Screening Program in 2016 and comparison with findings since 1998. Public Health Authority, Ministry of Health, Seychelles 2016: Aly R, Viswanathan B, Mangroo G, Gedeon J, Bovet P. Trends in obesity, overweight, and thinness in children in the seychelles between 1998 and 2016.Obesity (Silver Spring). 2018 Feb 5. doi: 10.1002/oby.22112. [Epub ahead of print]

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

% Adults living with obesity, 1989-2014

Men



Survey type:	Measured

References:

1989: P. Bovet, A. Chiolero, C. Shamlaye and F. Paccaud. Secular trends in overweight in Seychelles. Obesity Reviews 2008;9:511-517

1994: Conen D, Wietlisbach V, Bovet P, Shamlaye C, Riesen W, Paccaud F, Burnier Michel. Prevalence of hyperuricemia and relation of serum uric acid with cardiovascular risk factors in a developing country. BMC Public Health 2004;4:9

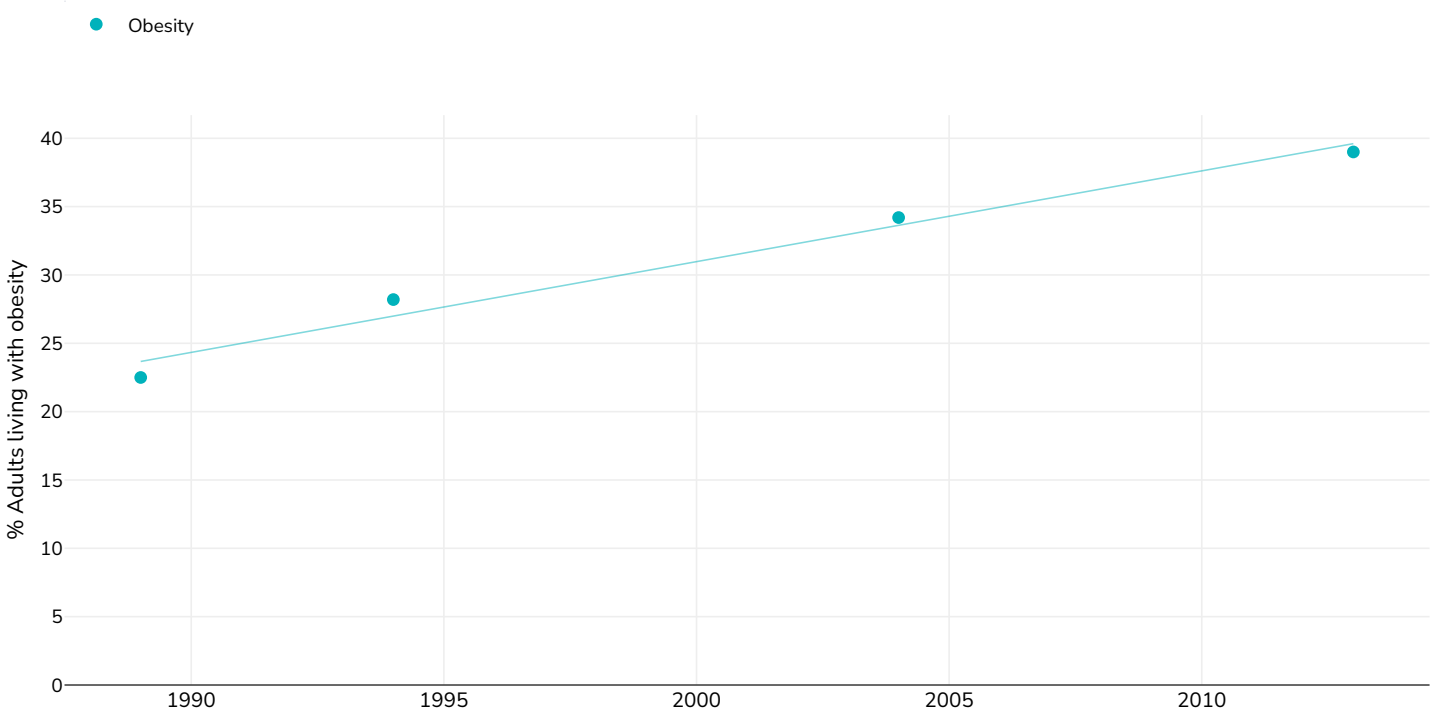
2004: Bovet P, Chiolero A, Shamlaye C and Paccaud F. (2008). Prevalence of overweight in the Seychelles:15 year trends and association with socio-economic status. Obesity Reviews, 9: 511 - 517

2013: National Survey of Noncommunicable Diseases in Seychelles 2013-2014 (Seychelles Heart Study IV) available at https://serval.unil.ch/resource/serval:BIB_1233D41F200A.P001/REF.pdf (available at 20.10.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Women



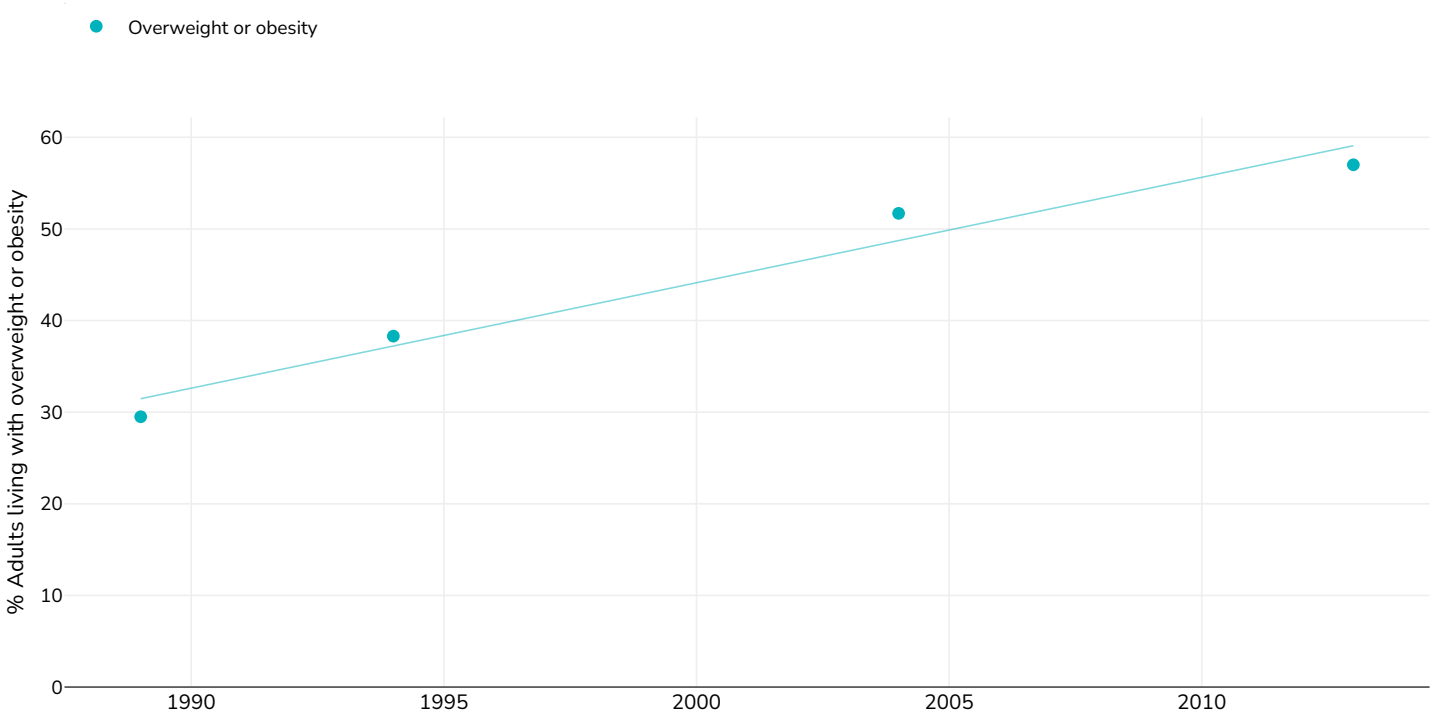
Survey type:	Measured
References:	1989: P. Bovet, A. Chiolero, C. Shamlaye and F. Paccaud. Secular trends in overweight in Seychelles. Obesity Reviews 2008;9:511-517 1994: Conen D, Wietlisbach V, Bovet P, Shamlaye C, Riesen W, Paccaud F, Burnier Michel. Prevalence of hyperuricemia and relation of serum uric acid with cardiovascular risk factors in a developing country. BMC Public Health 2004;4:9 2004: Bovet P, Chiolero A, Shamlaye C and Paccaud F. (2008). Prevalence of overweight in the Seychelles:15 year trends and association with socio-economic status. Obesity Reviews, 9: 511 - 517 2013: National Survey of Noncommunicable Diseases in Seychelles 2013-2014 (Seychelles Heart Study IV) available at https://serval.unil.ch/resource/serval:BIB_1233D41F200A.P001/REF.pdf (available at 20.10.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

% Adults living with overweight or obesity, 1989-2014

Men



Survey type:	Measured

References:

1989: P. Bovet, A. Chiolero, C. Shamlaye and F. Paccaud. Secular trends in overweight in Seychelles. Obesity Reviews 2008;9:511-517

1994: Conen D, Wietlisbach V, Bovet P, Shamlaye C, Riesen W, Paccaud F, Burnier Michel. Prevalence of hyperuricemia and relation of serum uric acid with cardiovascular risk factors in a developing country. BMC Public Health 2004;4:9

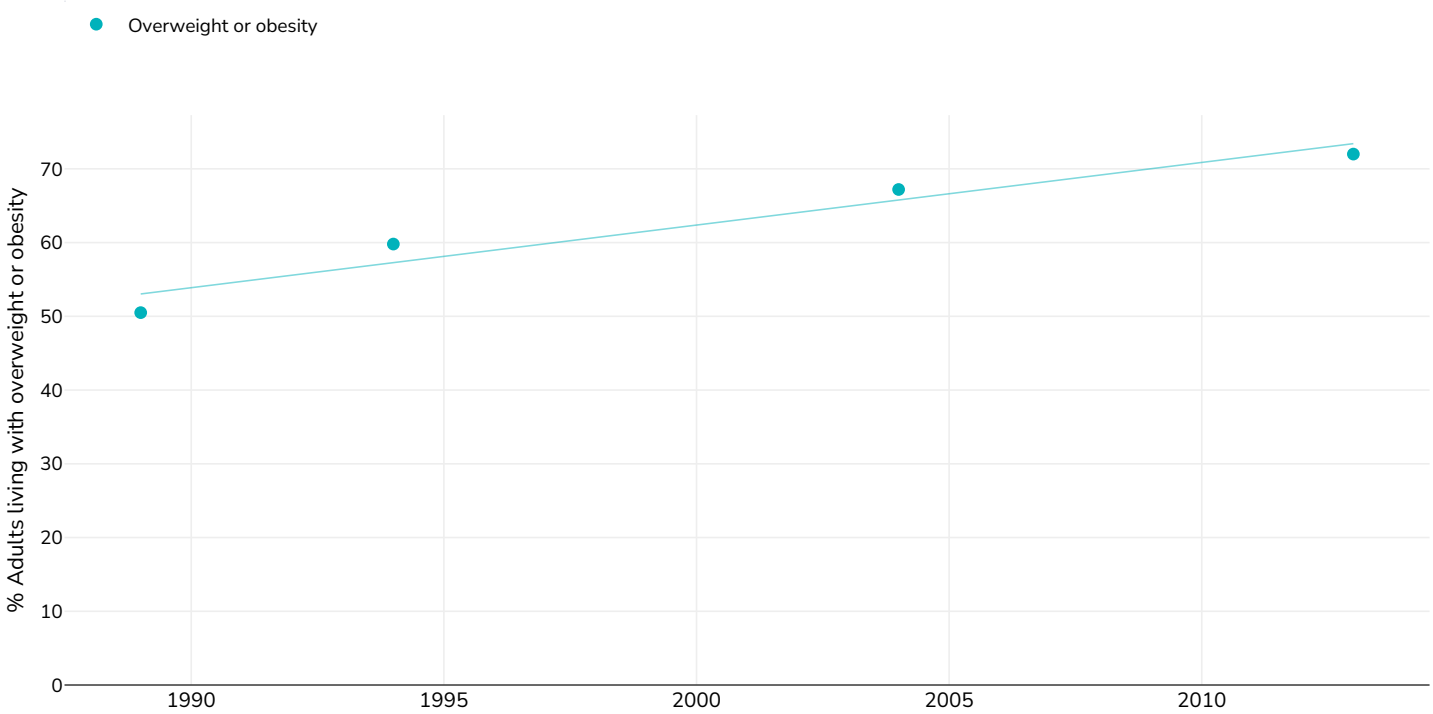
2004: Bovet P, Chiolero A, Shamlaye C and Paccaud F. (2008). Prevalence of overweight in the Seychelles:15 year trends and association with socio-economic status. Obesity Reviews, 9: 511 - 517

2013: National Survey of Noncommunicable Diseases in Seychelles 2013-2014 (Seychelles Heart Study IV) available at https://serval.unil.ch/resource/serval:BIB_1233D41F200A.P001/REF.pdf (available at 20.10.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Women



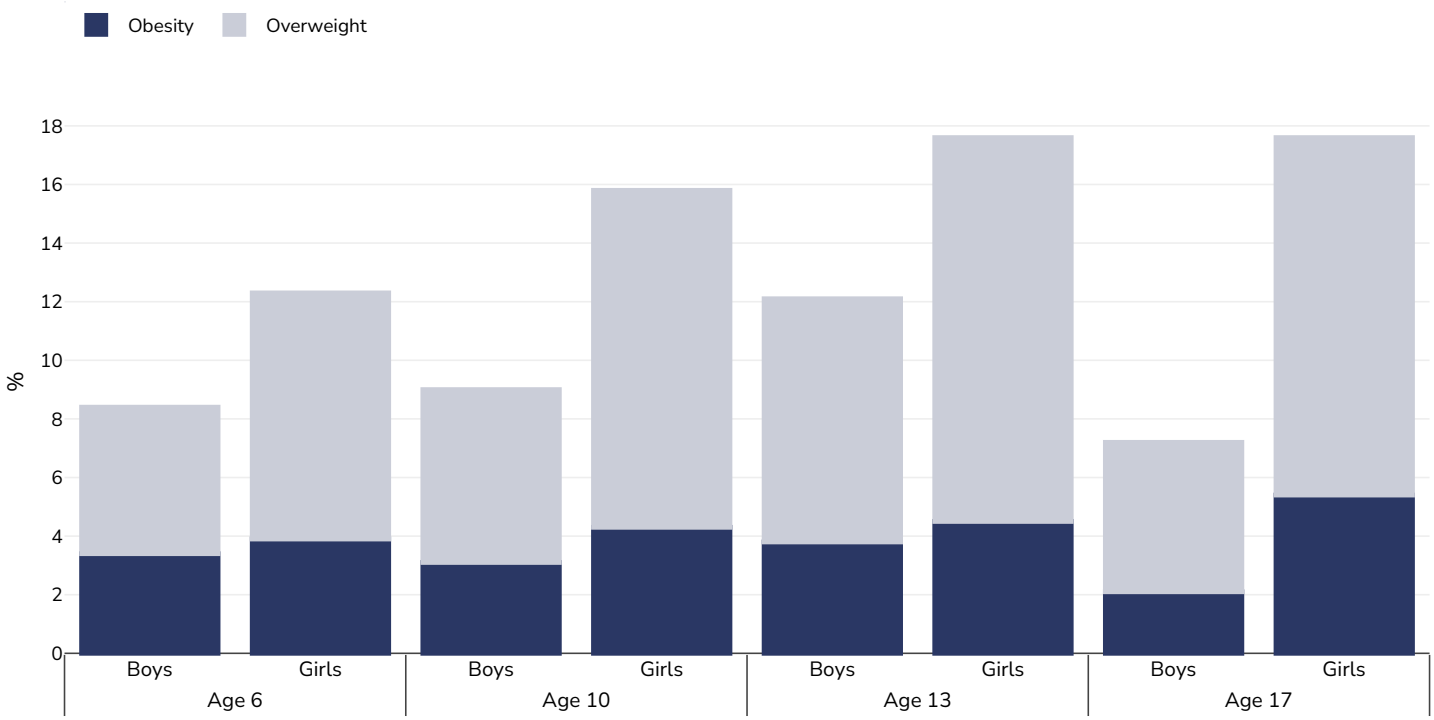
Survey type:	Measured
References:	1989: P. Bovet, A. Chiolero, C. Shamlaye and F. Paccaud. Secular trends in overweight in Seychelles. Obesity Reviews 2008;9:511-517 1994: Conen D, Wietlisbach V, Bovet P, Shamlaye C, Riesen W, Paccaud F, Burnier Michel. Prevalence of hyperuricemia and relation of serum uric acid with cardiovascular risk factors in a developing country. BMC Public Health 2004;4:9 2004: Bovet P, Chiolero A, Shamlaye C and Paccaud F. (2008). Prevalence of overweight in the Seychelles:15 year trends and association with socio-economic status. Obesity Reviews, 9: 511 - 517 2013: National Survey of Noncommunicable Diseases in Seychelles 2013-2014 (Seychelles Heart Study IV) available at https://serval.unil.ch/resource/serval:BIB_1233D41F200A.P001/REF.pdf (available at 20.10.20)

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.

Overweight/obesity by age

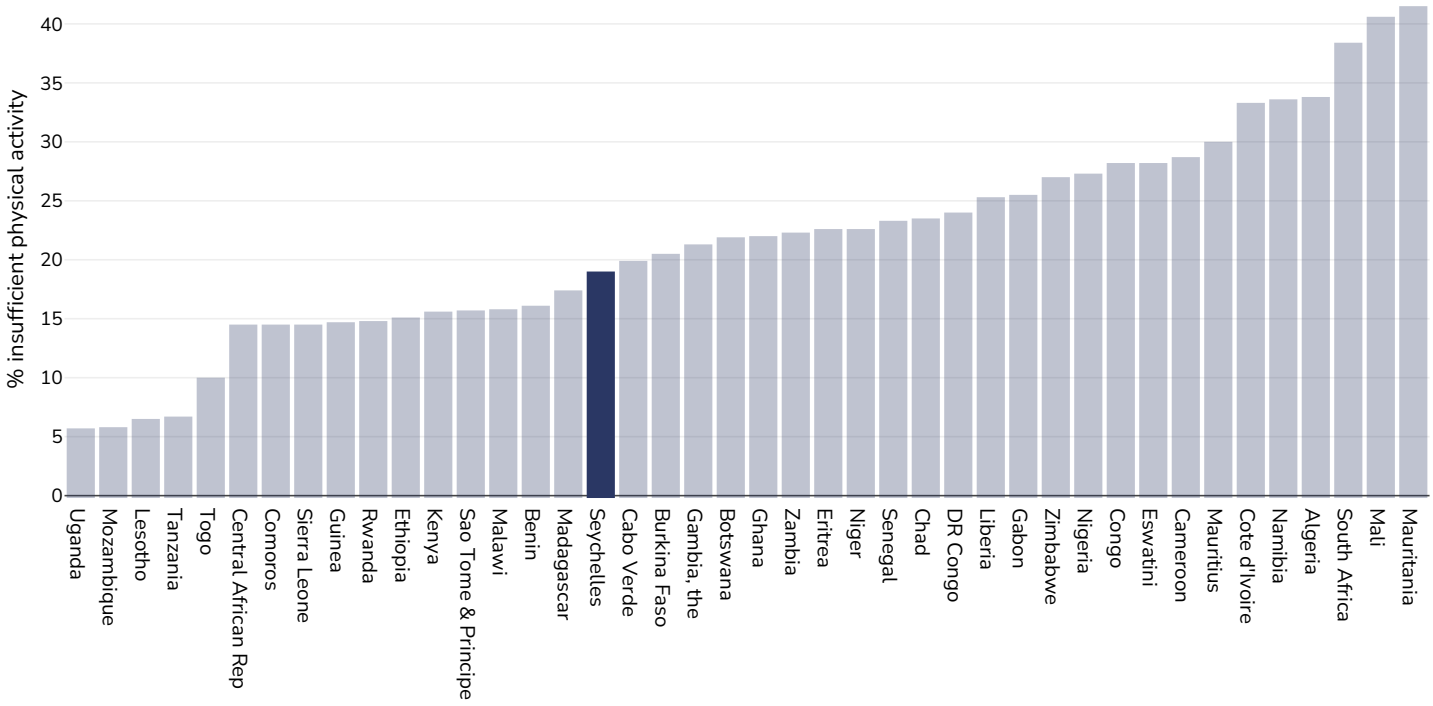
Children, 1999



Survey type:	Measured
Sample size:	5514
Area covered:	National
References:	Steller N, Bover P, Shamlaye H, Zemel BS, Stallings VA, Paccaud F. Prevalence and risk factors for overweight and obesity in children from Seychelles, a country in rapid transition: the importance of early growth. International Journal of Obesity. 2002;26:214-219
Cutoffs:	IOTF

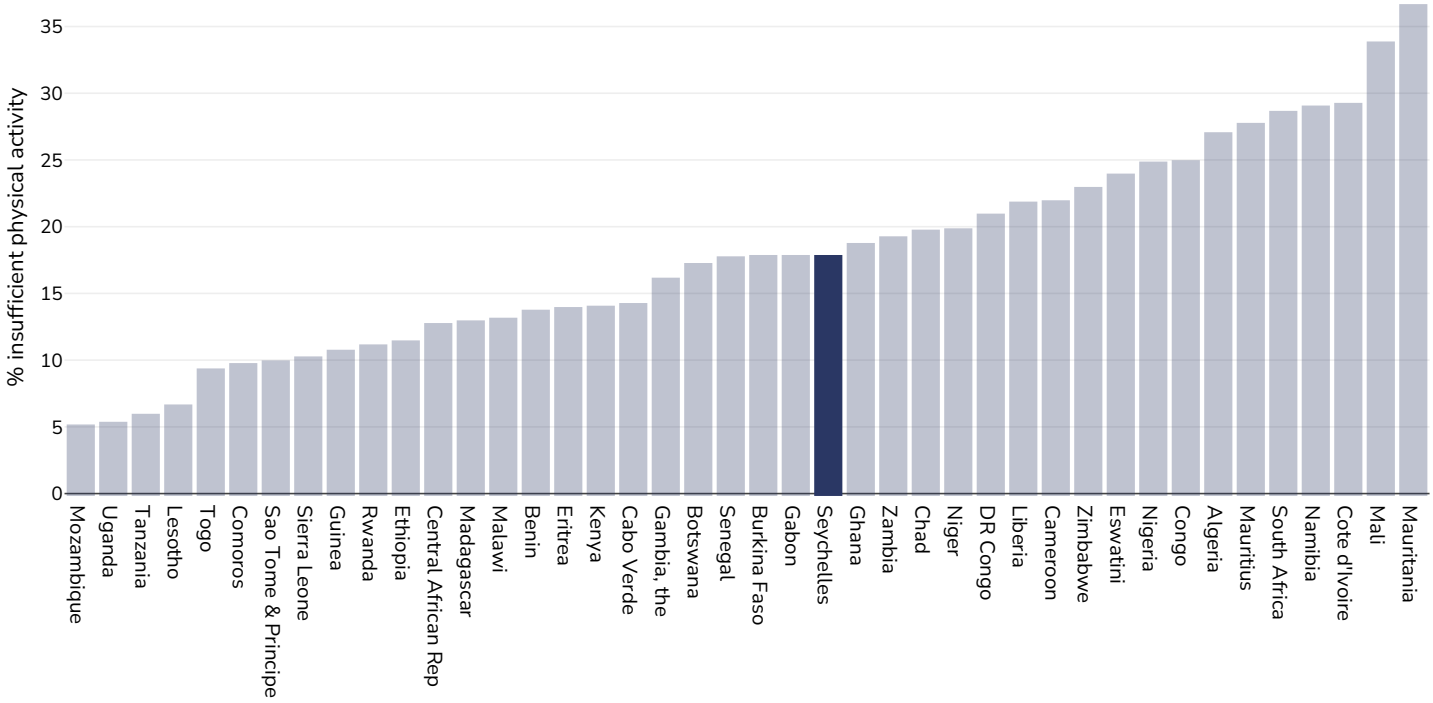
Insufficient physical activity

Adults, 2016



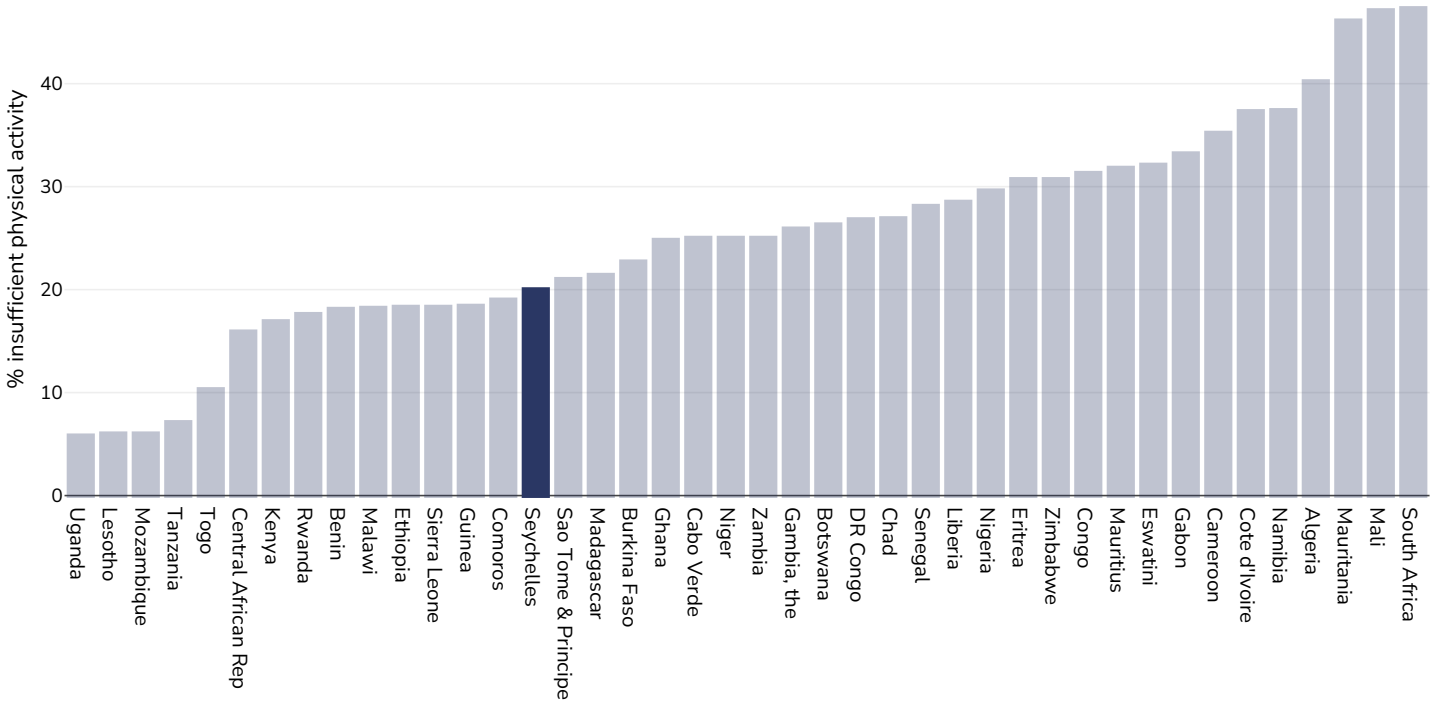
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 http://dx.doi.org/10.1016/S2214-109X(18)30357-7

Men, 2016



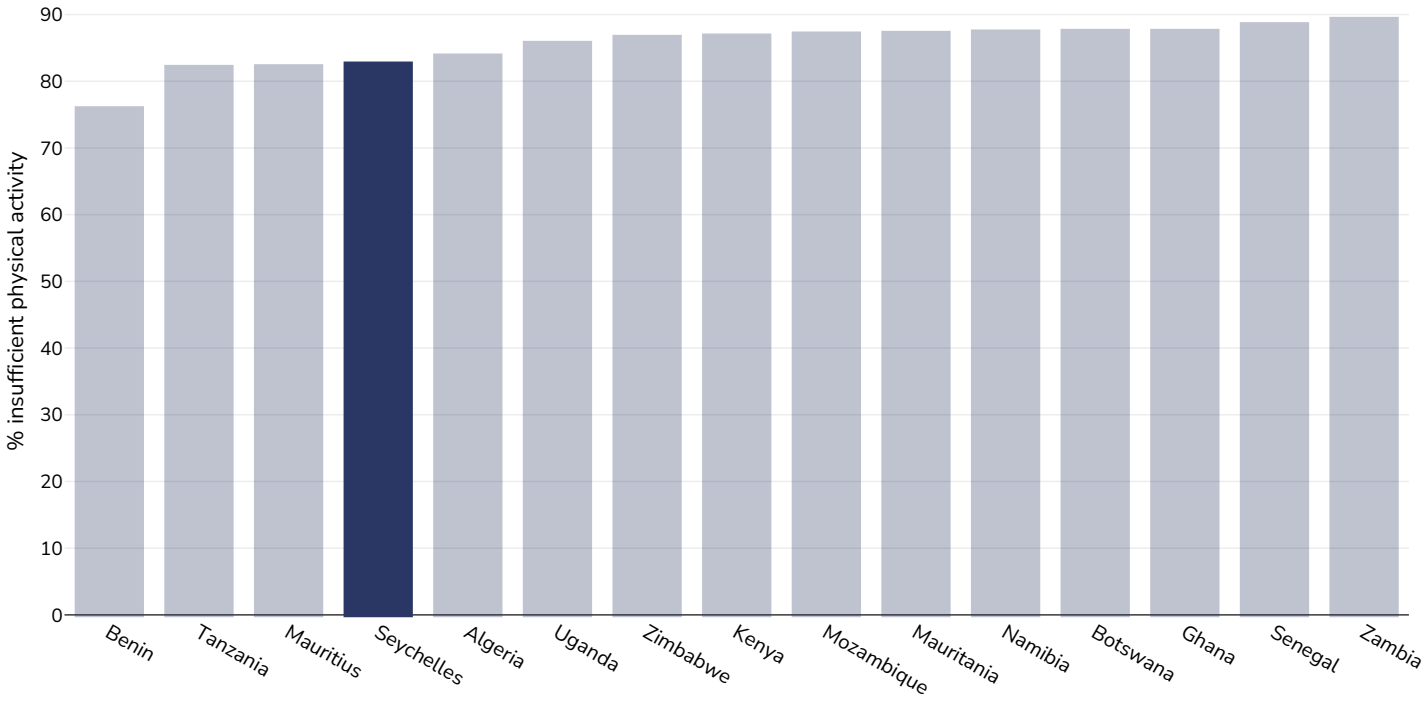
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 http://dx.doi.org/10.1016/S2214-109X(18)30357-7

Women, 2016



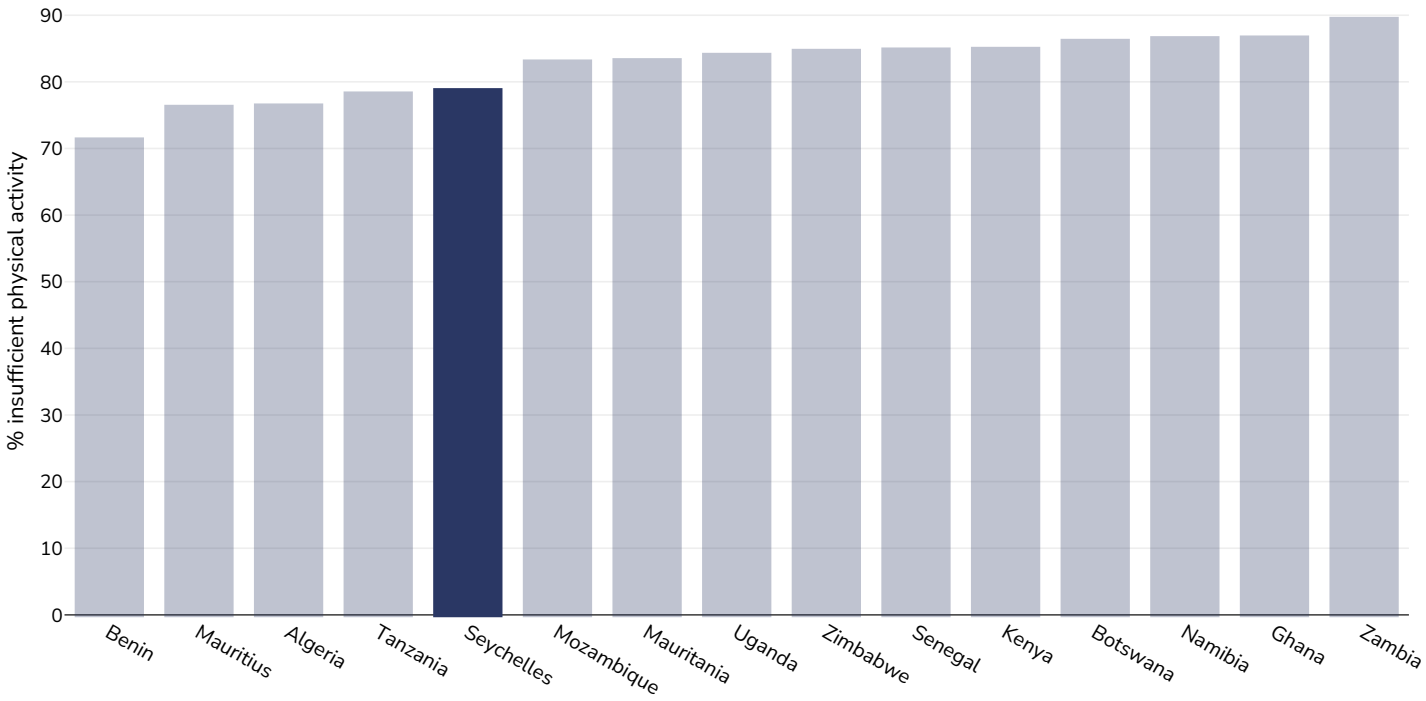
References: Guthold R, Stevens GA, Riley LM, Bull FC. Worldwide trends in insufficient physical activity from 2001 to 2016: a pooled analysis of 358 population-based surveys with 1.9 million participants. Lancet 2018 http://dx.doi.org/10.1016/S2214-109X(18)30357-7

Children, 2016



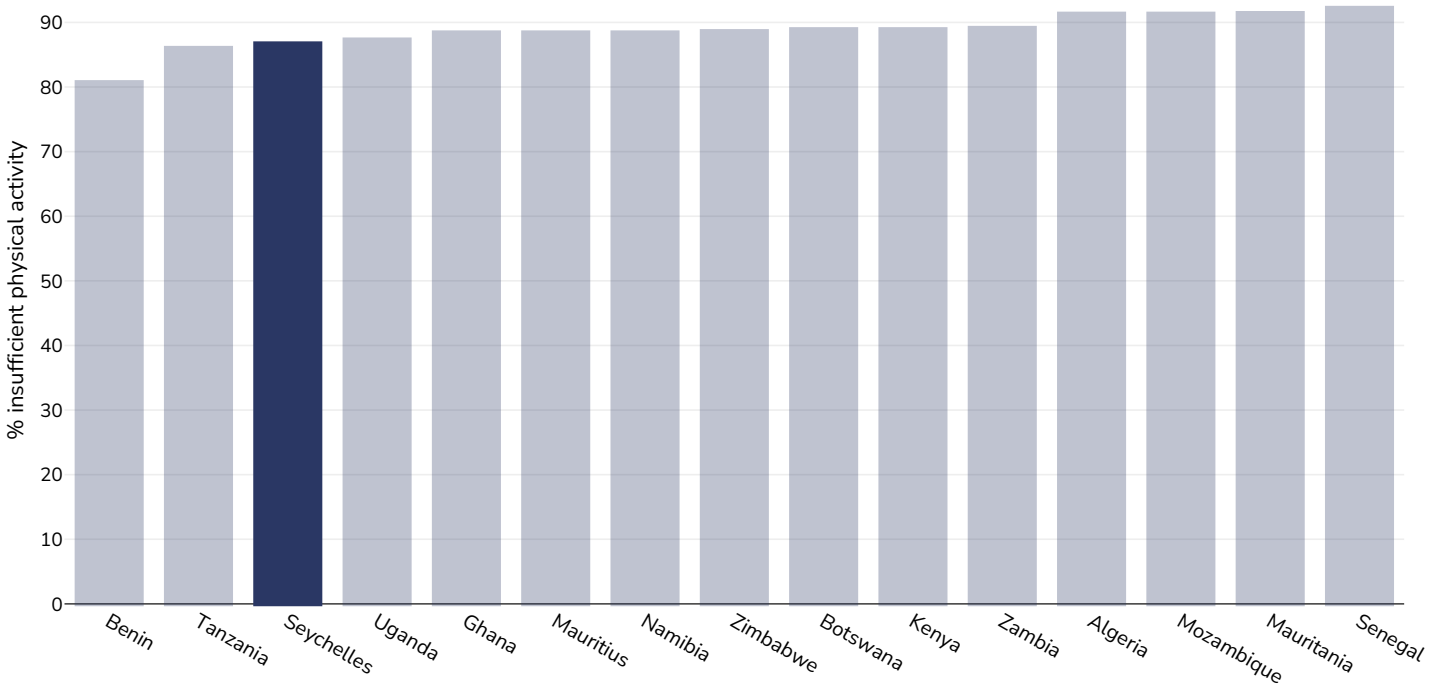
Survey type:	Self-reported
Age:	11-17
References:	Global Health Observatory data repository, World Health Organisation, https://apps.who.int/gho/data/node.main.A893ADO?lang=en (last accessed 16.03.21)
Notes:	% of school going adolescents not meeting WHO recommendations on Physical Activity for Health, 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)

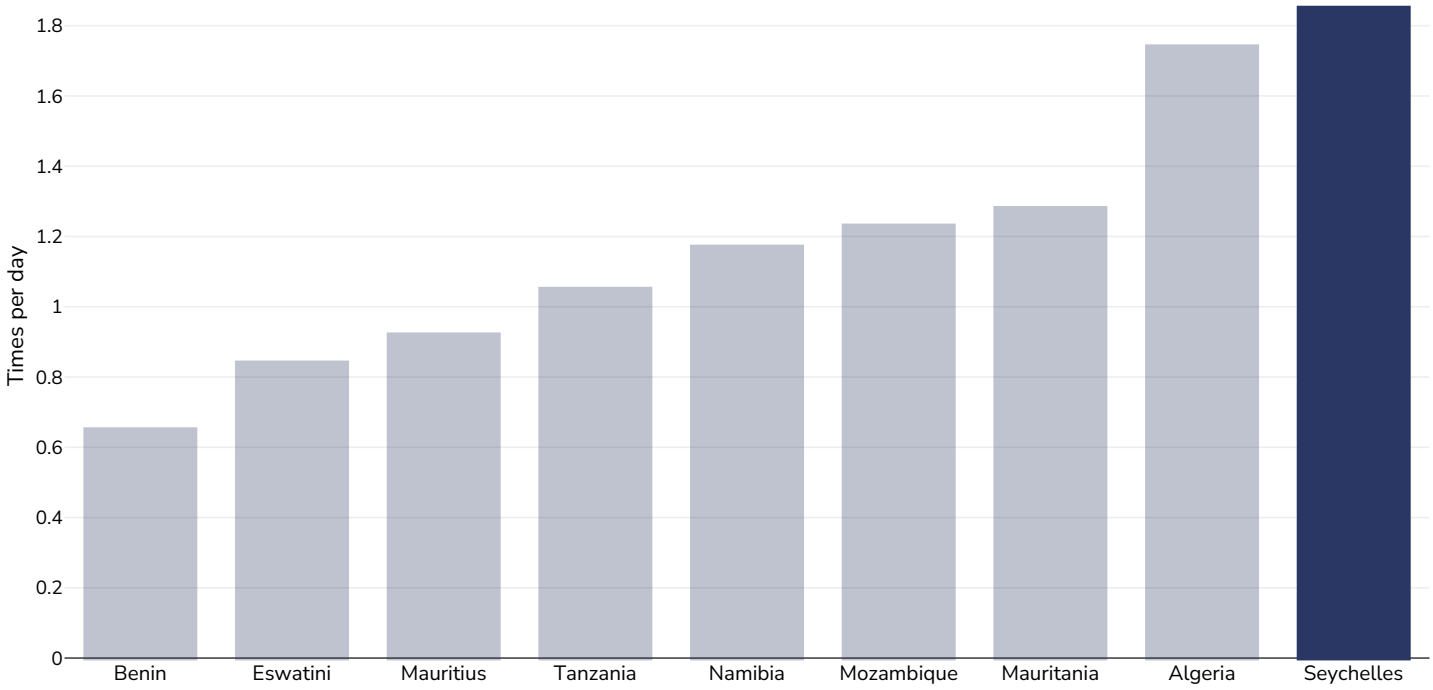
Girls, 2016



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)

Average daily frequency of carbonated soft drink consumption

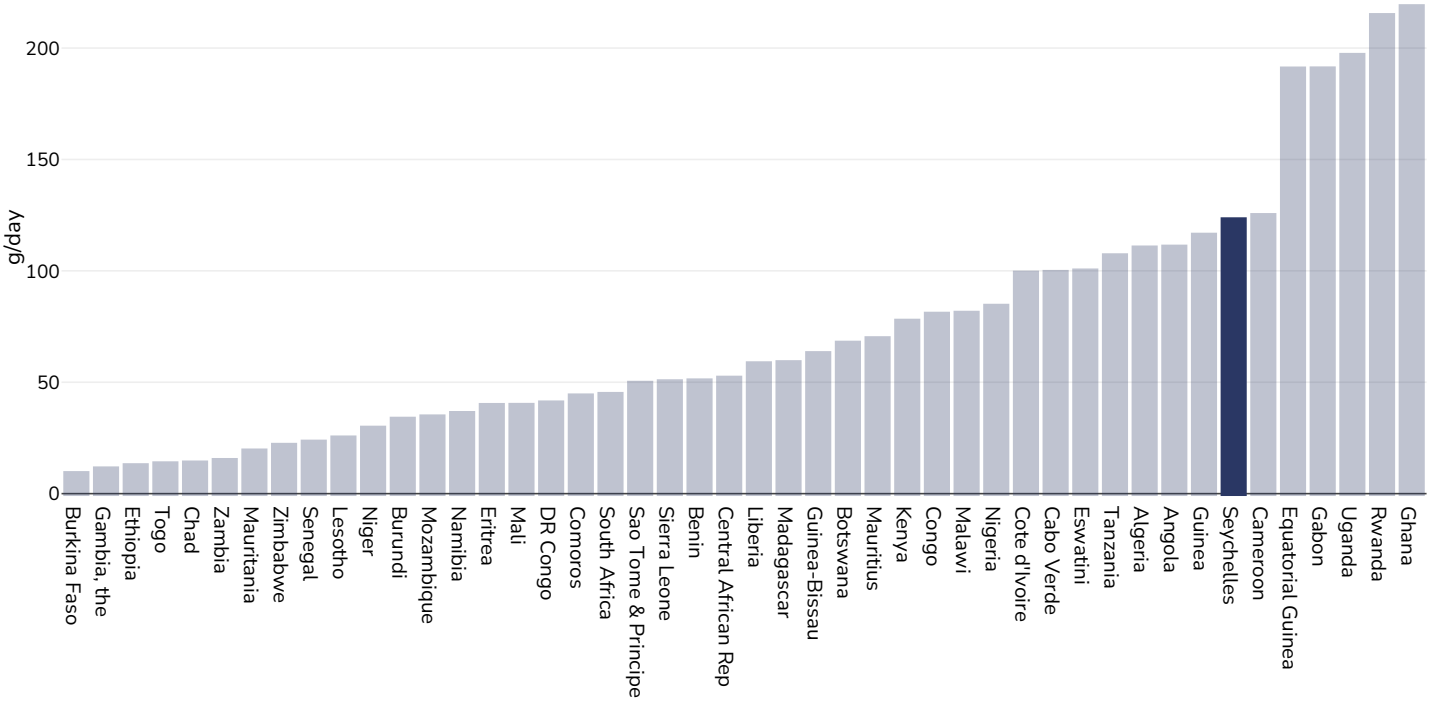
Children, 2009-2015



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

Estimated per capita fruit intake

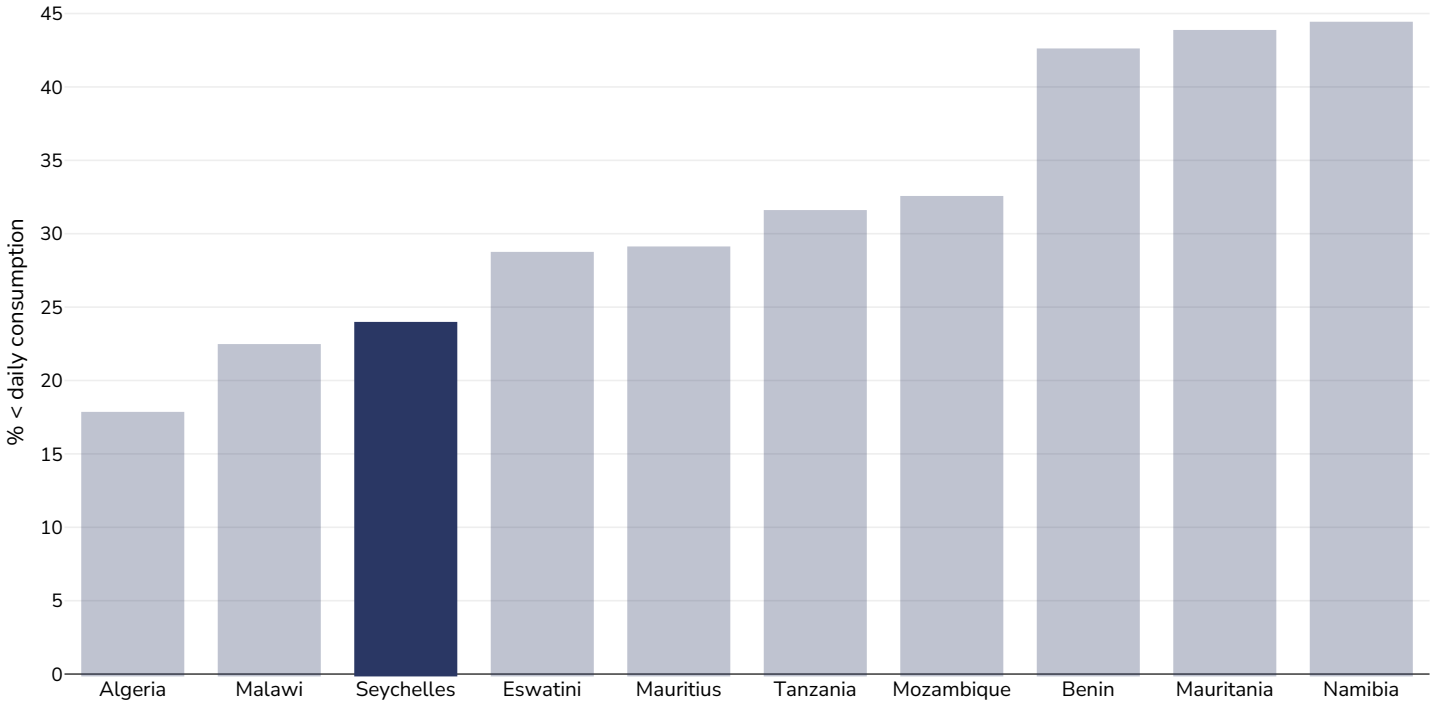
Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions:	Estimated per-capita fruit intake (g/day)

Prevalence of less than daily fruit consumption

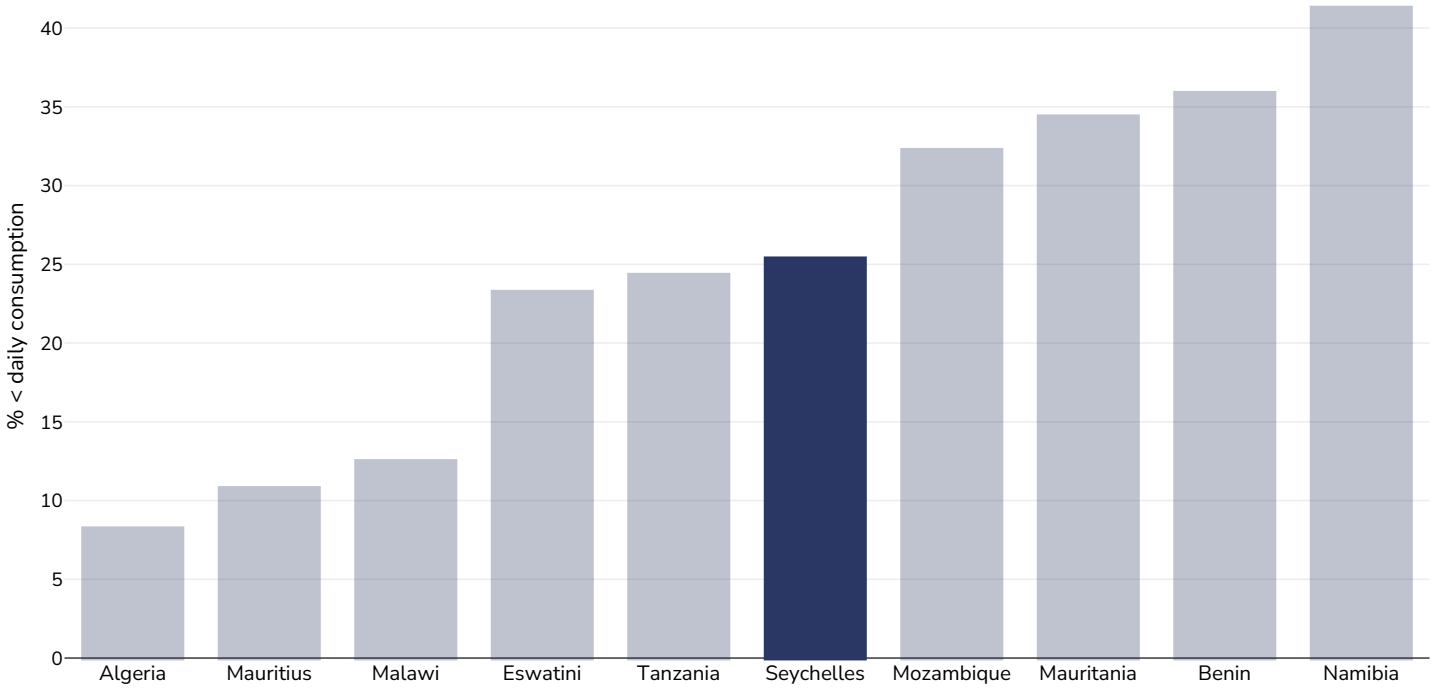
Children, 2009-2015



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

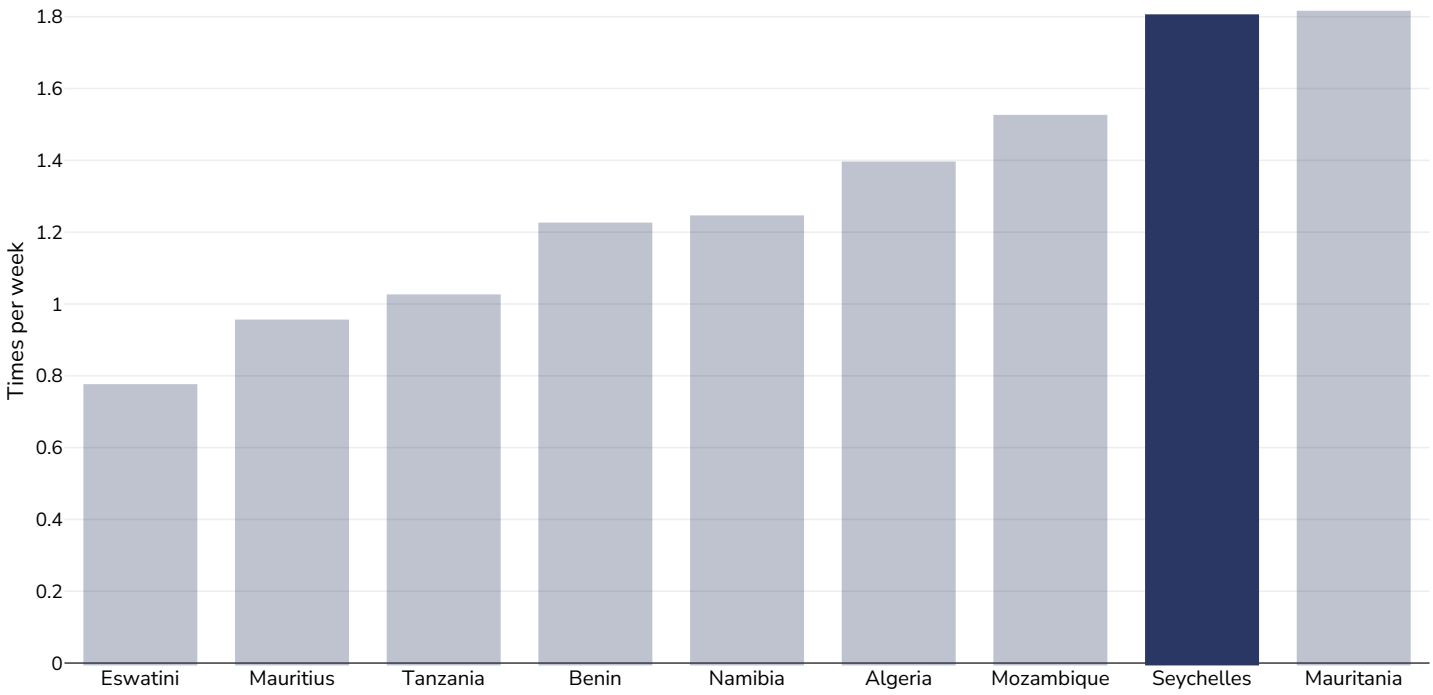
Children, 2009-2015



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)

Average weekly frequency of fast food consumption

Children, 2009-2015

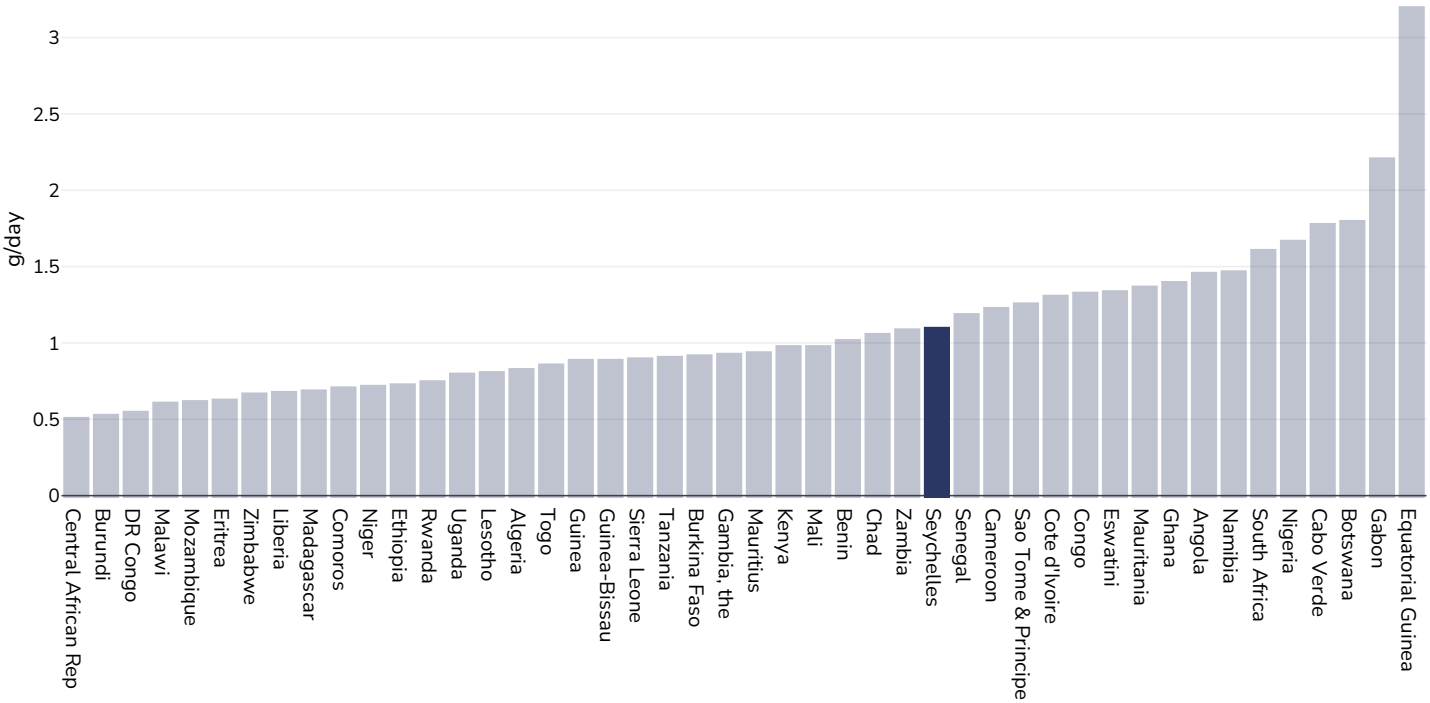


Age: 12-17

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

Estimated per-capita processed meat intake

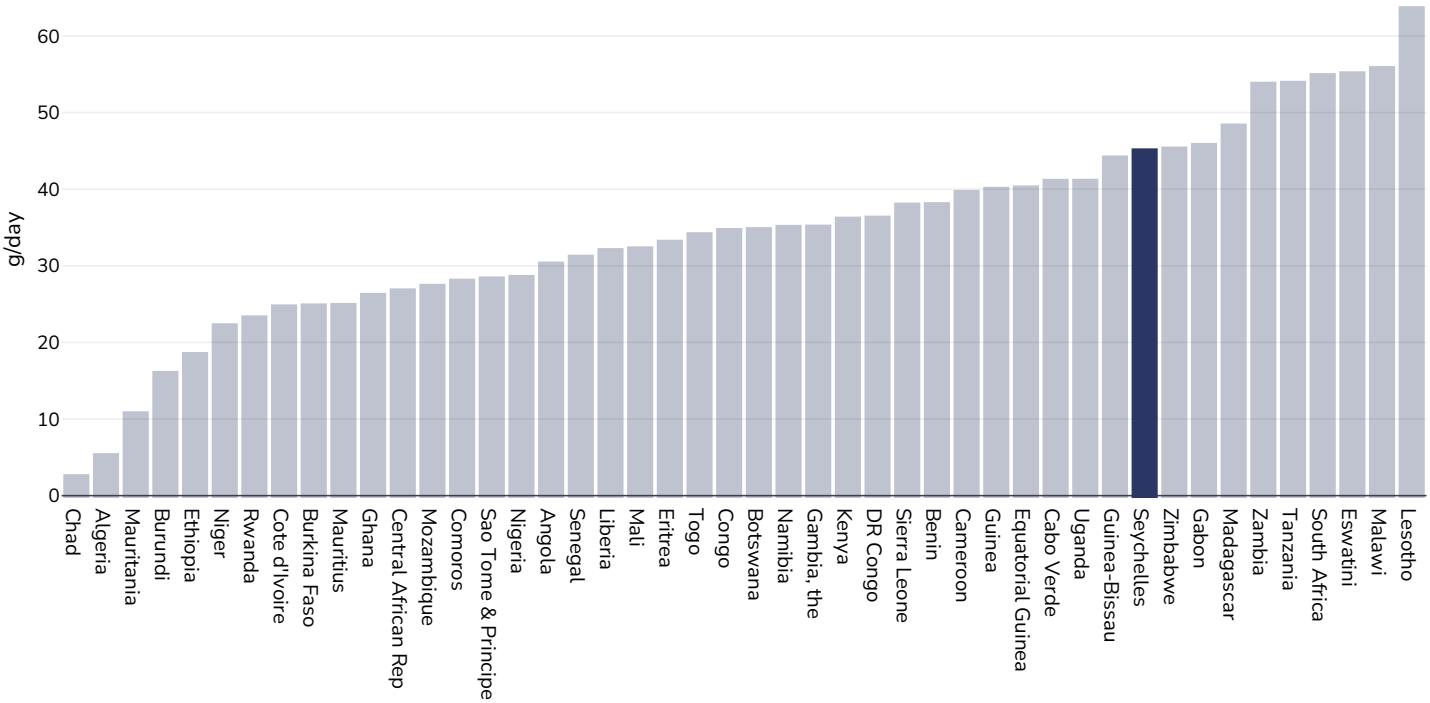
Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions:	Estimated per-capita processed meat intake (g per day)

Estimated per capita whole grains intake

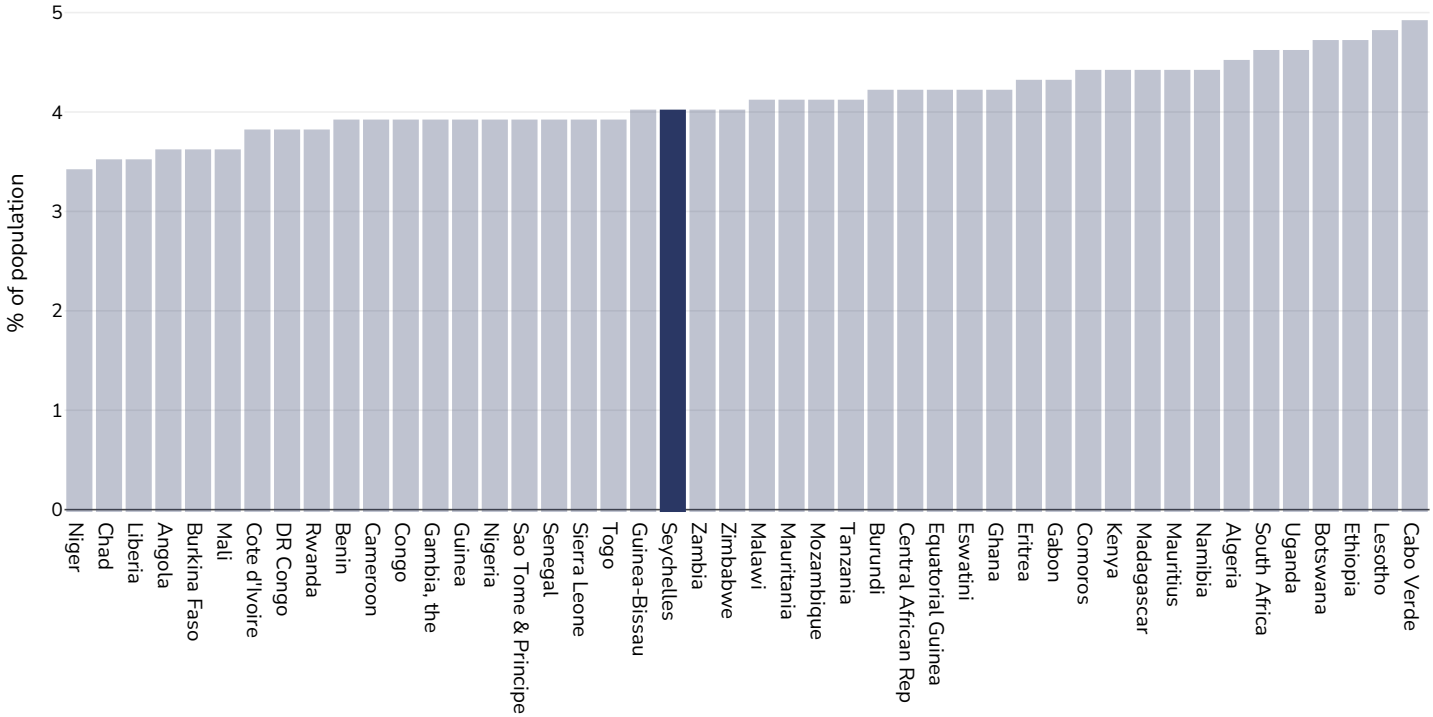
Adults, 2017



Survey type:	Measured
Age:	25+
References:	Global Burden of Disease, the Institute for Health Metrics and Evaluation http://ghdx.healthdata.org/
Definitions:	Estimated per-capita whole grains intake (g/day)

Mental health - depression disorders

Adults, 2015

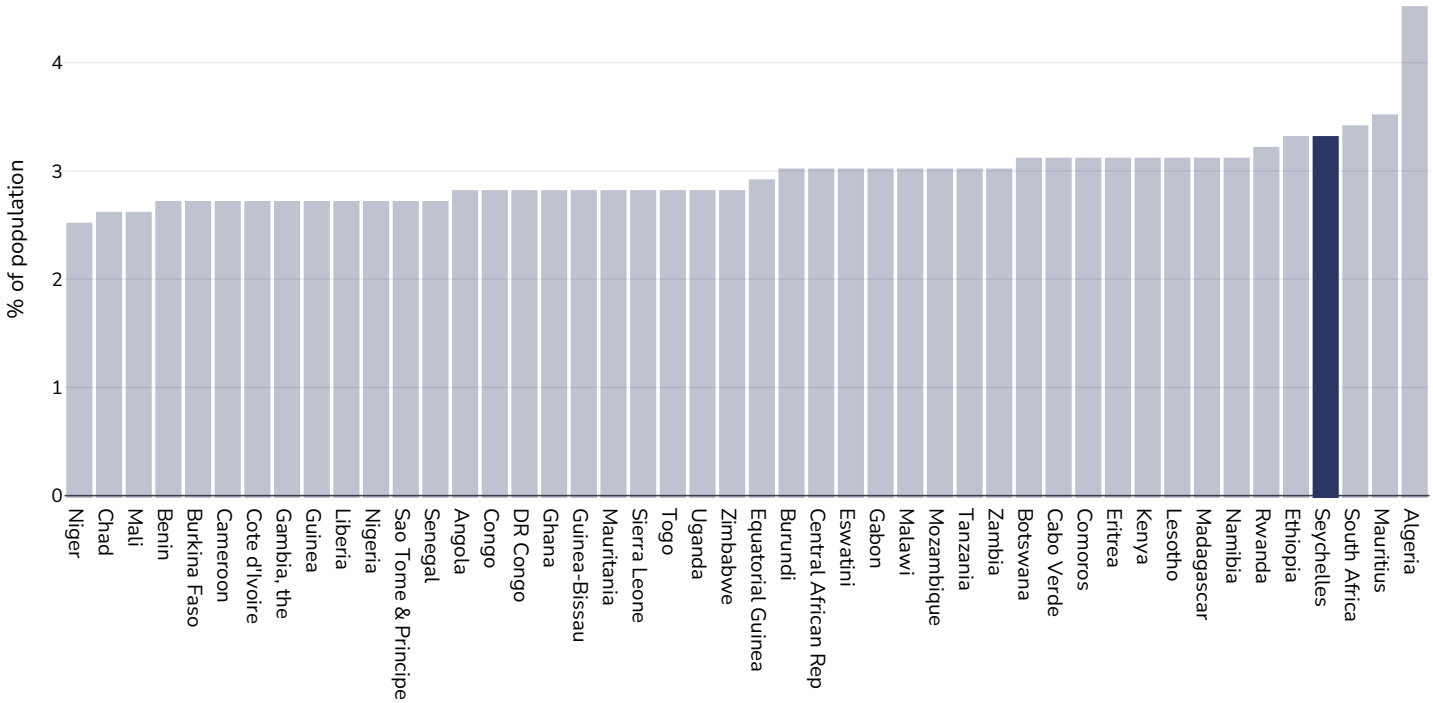


References: Prevalence data from Global Burden of Disease study 2015 (http://ghdx.healthdata.org) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with depression disorders

Mental health - anxiety disorders

Adults, 2015

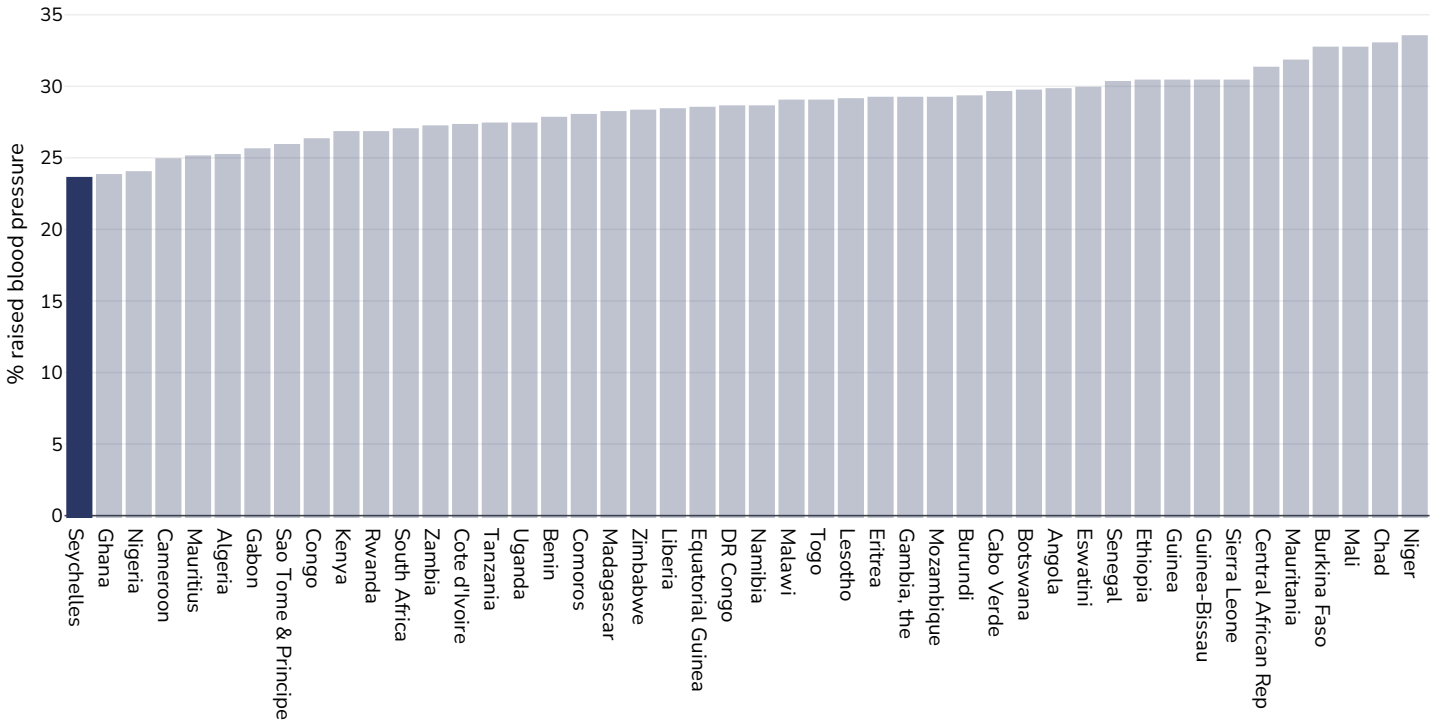


References: Prevalence data from Global Burden of Disease study 2015 (http://ghdx.healthdata.org) published in: Depression and Other Common Mental Disorders: Global Health Estimates. Geneva:World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Definitions: % of population with anxiety disorders

Raised blood pressure

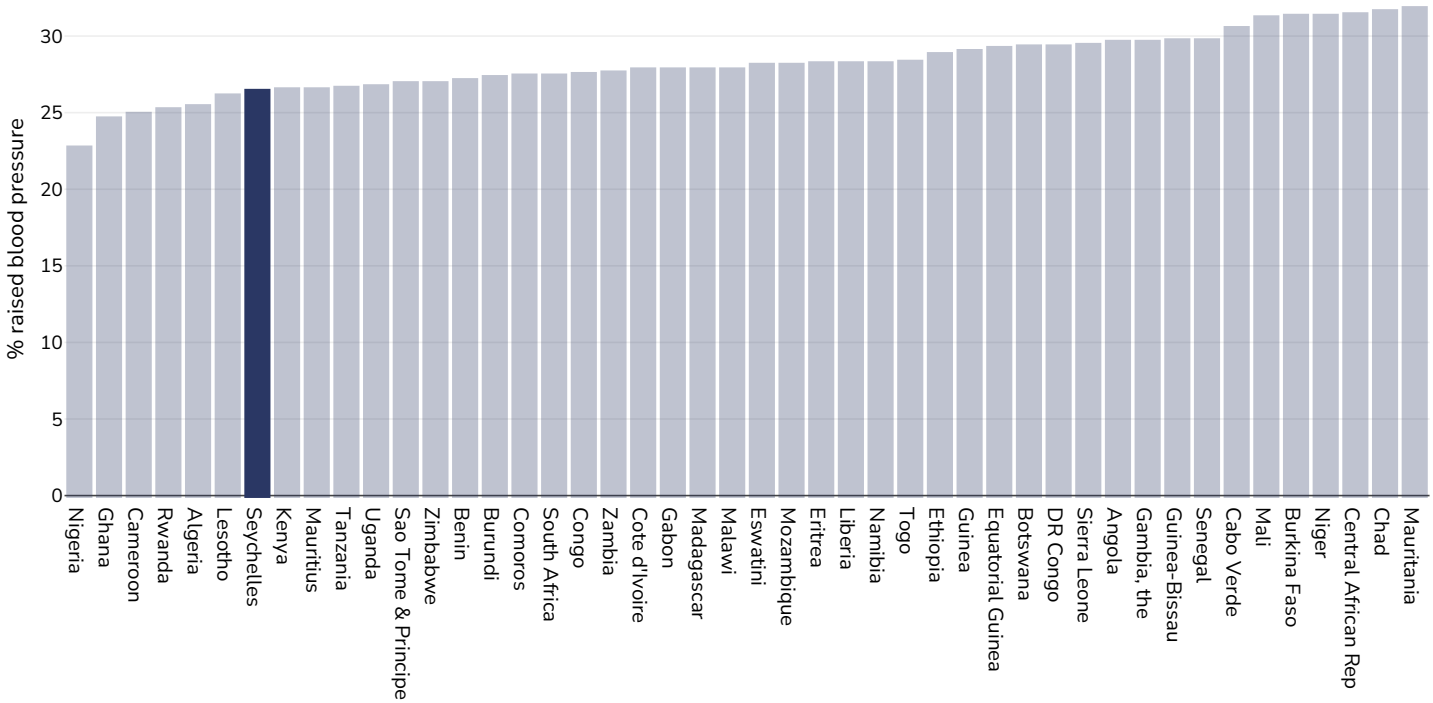
Adults, 2015



References: Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

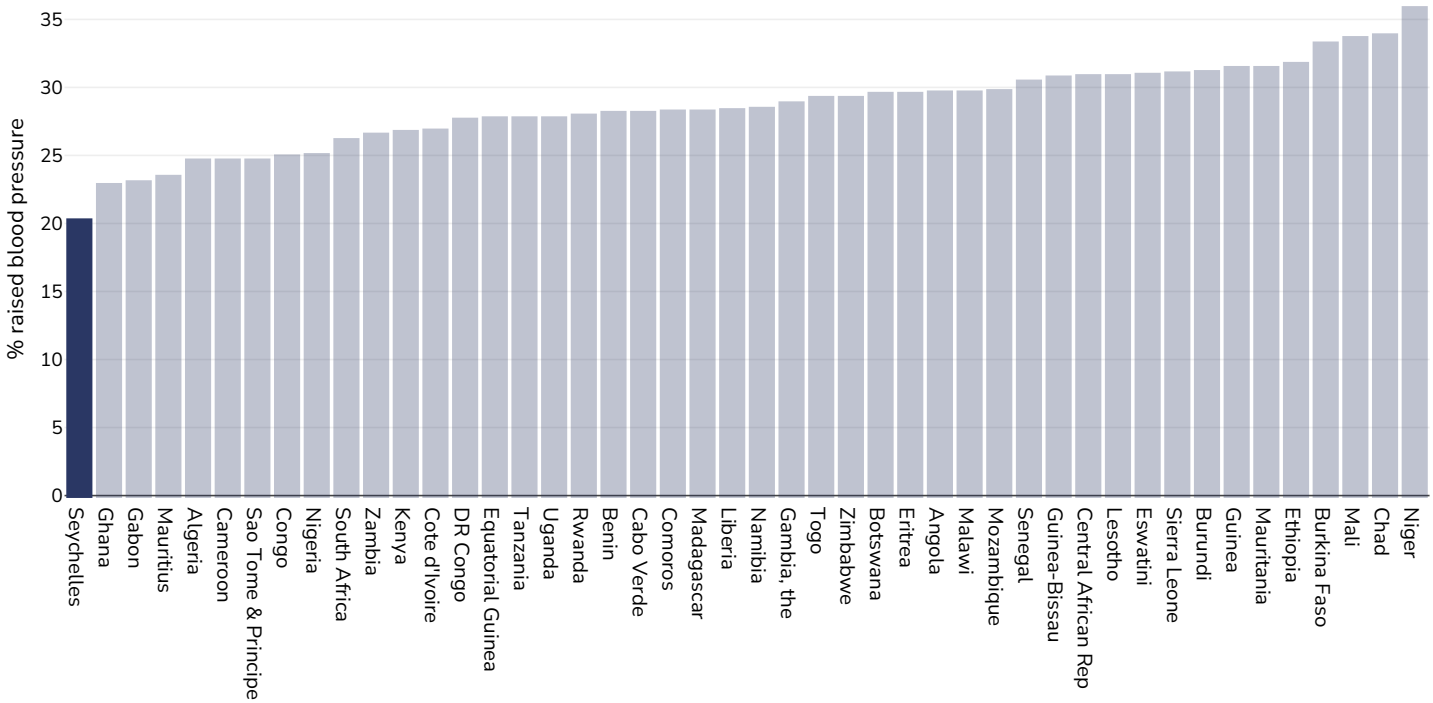
Men, 2015



References: Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Women, 2015

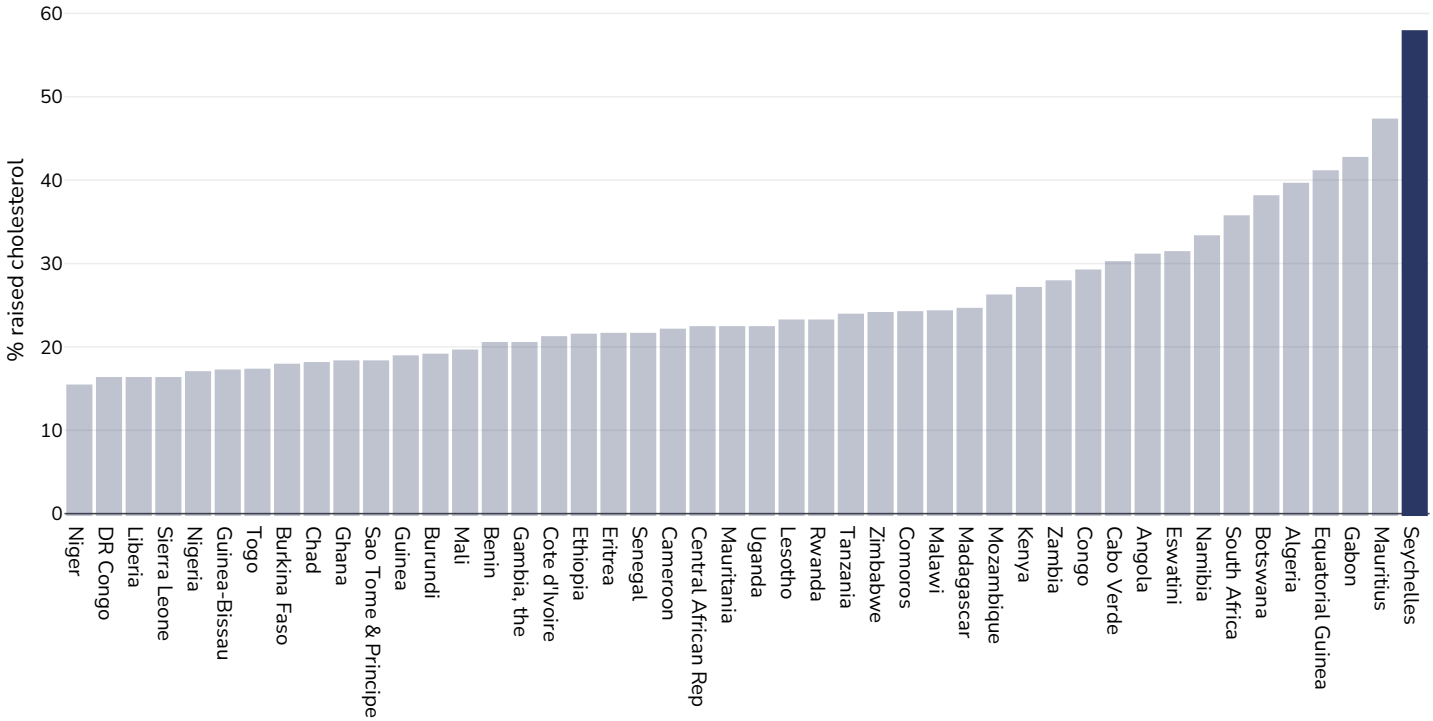


References: Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

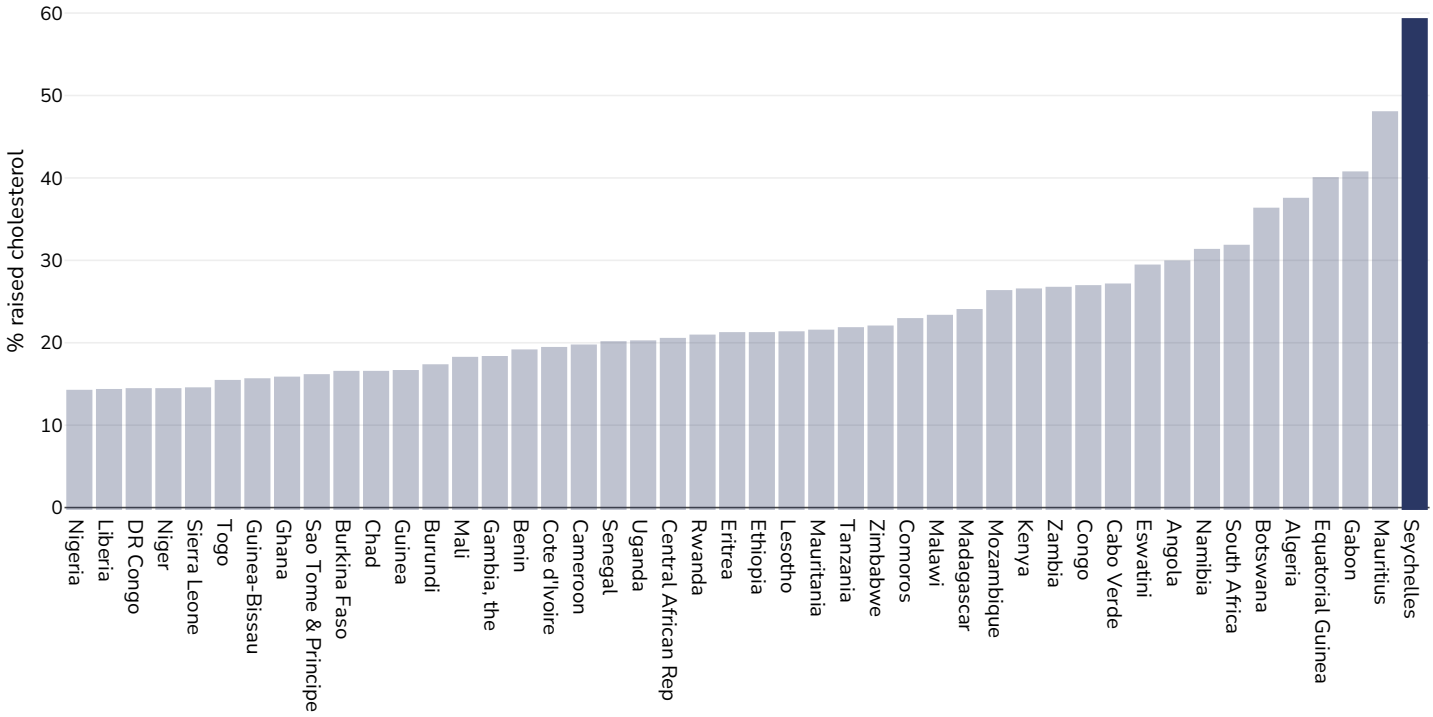
Raised cholesterol

Adults, 2008



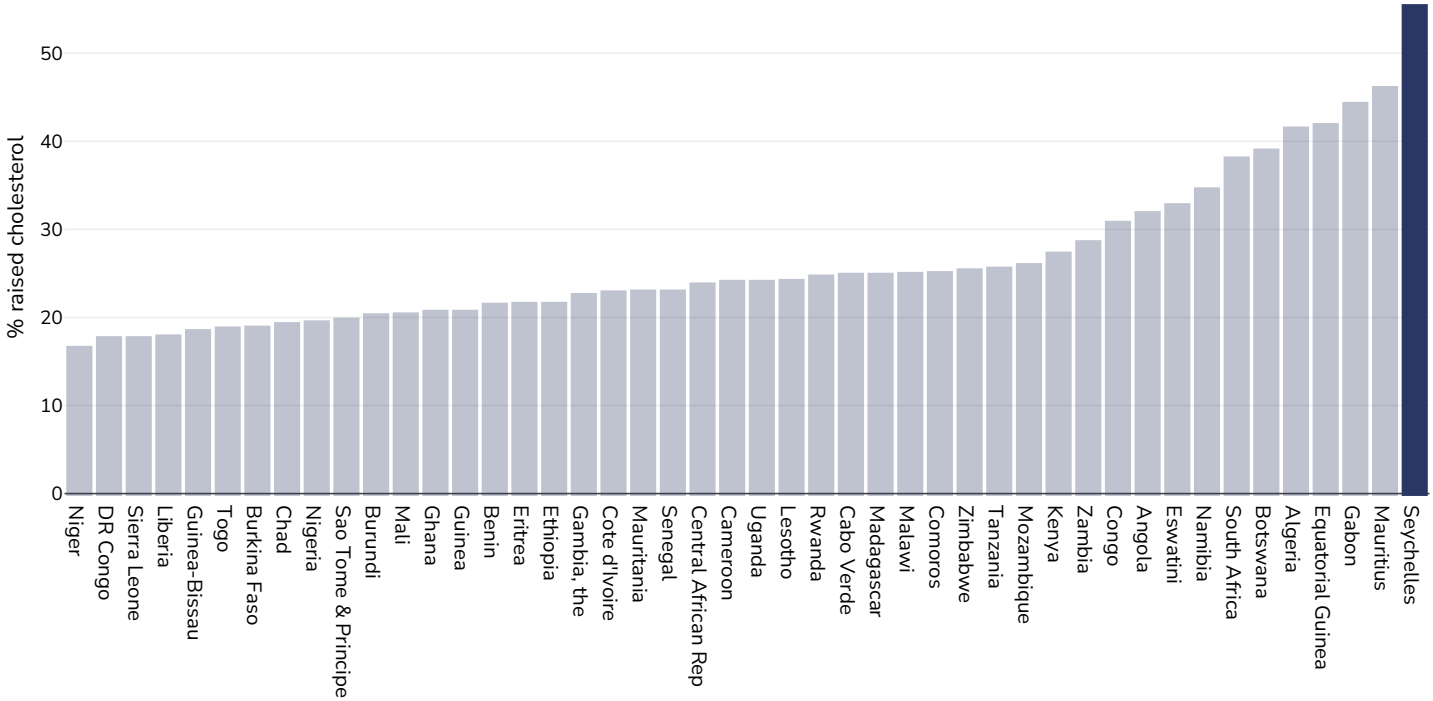
References:	Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A885
Definitions:	% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

Men, 2008



References:	Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A885
Definitions:	% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

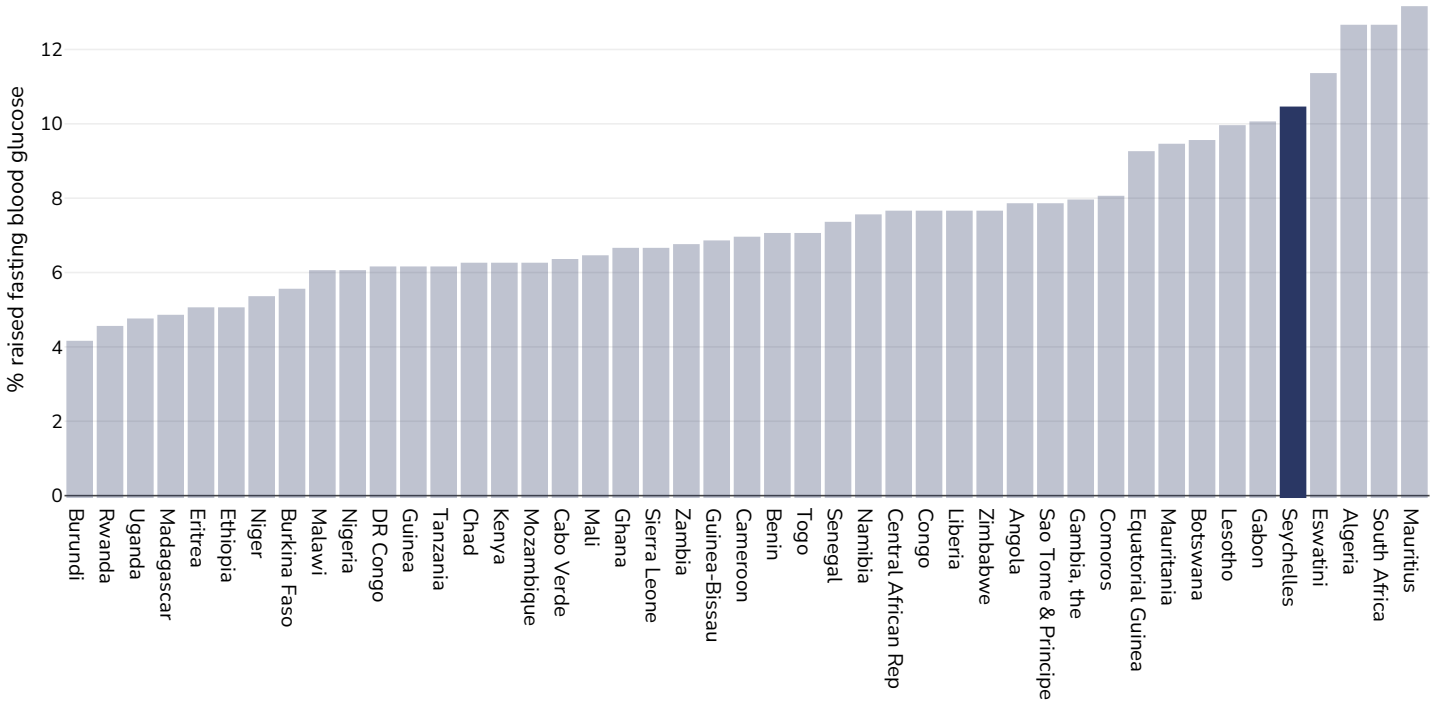
Women, 2008



References:	Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A885
Definitions:	% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

Raised fasting blood glucose

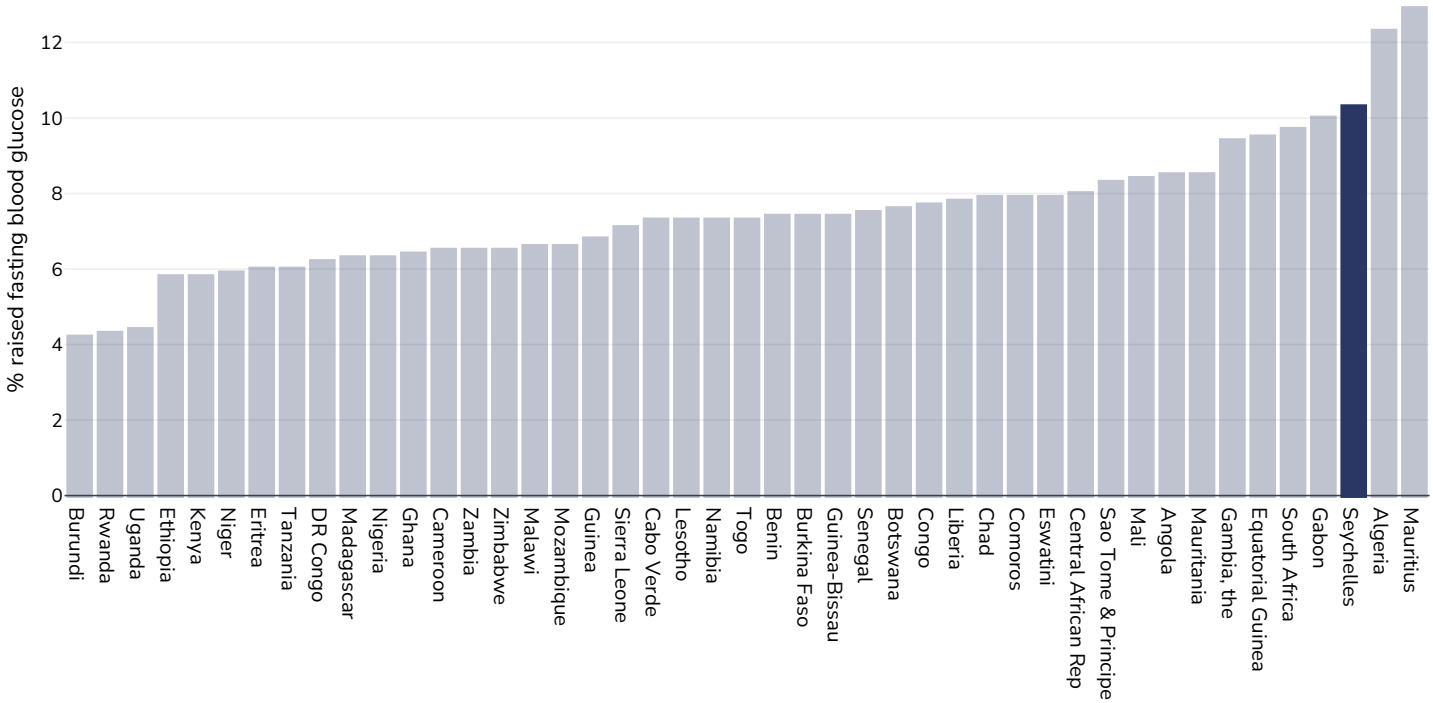
Men, 2014



References: Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).

Women, 2014

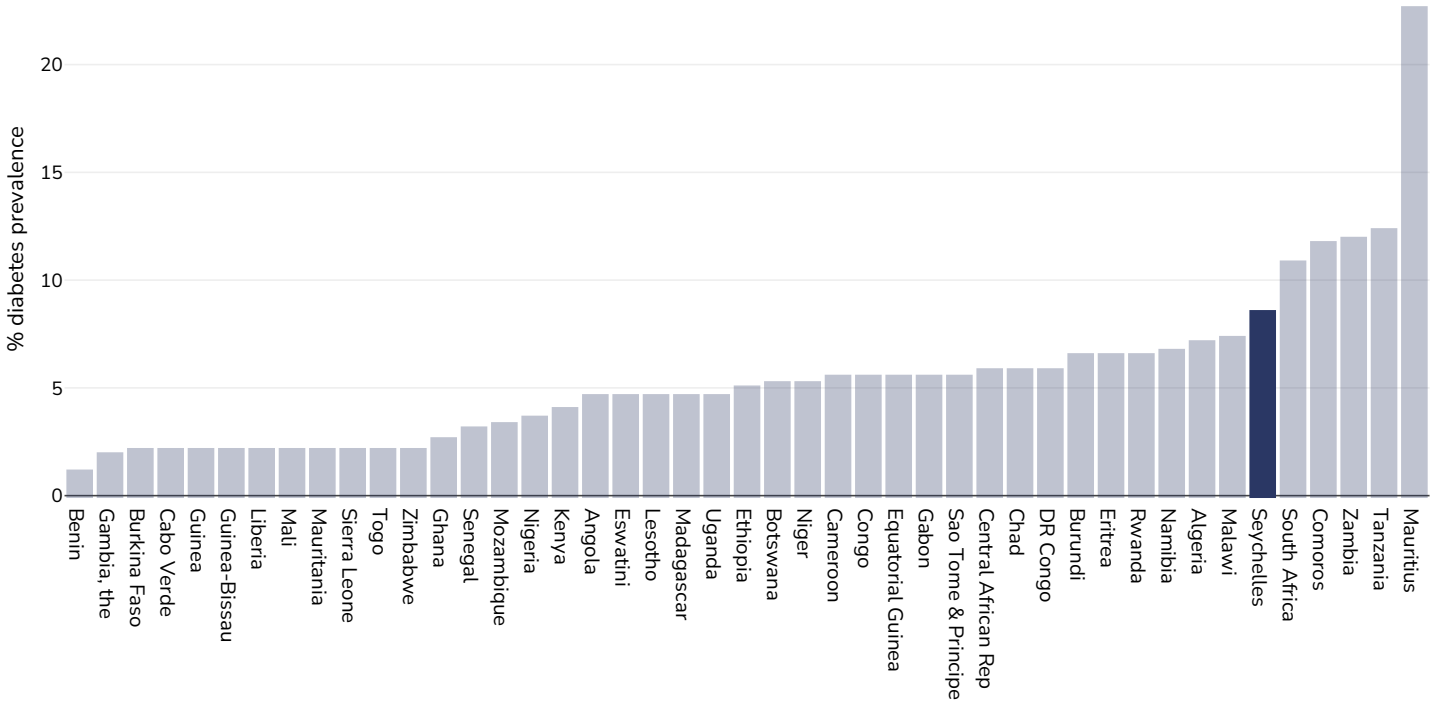


References: Global Health Observatory data repository, World Health Organisation, http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).

Diabetes prevalence

Adults, 2021



Age:	20-79
Area covered:	National
References:	Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 10th edn. Brussels, Belgium:International Diabetes Federation, 2021. http://www.diabetesatlas.org
Definitions:	Age-adjusted comparative prevalence of diabetes, %

Contextual factors

Disclaimer: These contextual factors should be interpreted with care. Results are updated as regularly as possible and use very specific criteria. The criteria used and full definitions are available for download at the bottom of this page.

Labelling

Is there mandatory nutrition labelling?	✓
Front-of-package labelling?	✗
Back-of-pack nutrition declaration?	✓
Color coding?	✗
Warning label?	✗

Regulation and marketing

Are there fiscal policies on unhealthy products?	✓
Tax on unhealthy foods?	✗
Tax on unhealthy drinks?	✓
Are there fiscal policies on healthy products?	✗
Subsidy on fruits?	✗
Subsidy on vegetables?	✗
Subsidy on other healthy products?	✗
Mandatory limit or ban of trans fat (all settings)?	✓
Mandatory limit of trans fats in place (all settings)?	✓
Ban on trans-fats or phos in place (all settings)?	✗
Are there any mandatory policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✗
Mandatory restriction on broadcast media?	✗
Mandatory restriction on non-broadcast media?	✗
Voluntary policies/marketing restrictions on the promotion of unhealthy food/drinks to children?	✗
Are there mandatory standards for food in schools?	✗
Are there any mandatory nutrient limits in any manufactured food products?	✗
Nutrition standards for public sector procurement?	✗

Political will and support

National obesity strategy or nutrition and physical activity national strategy?	✓
National obesity strategy?	✗
National childhood obesity strategy?	✗
Comprehensive nutrition strategy?	✓
Comprehensive physical activity strategy?	?
Evidence-based dietary guidelines and/or RDAs?	✓
National target(s) on reducing obesity?	✓
Guidelines/policy on obesity treatment?	✓
Promotion of breastfeeding?	✓

Monitoring and surveillance

Monitoring of the prevalence and incidence for the main obesity-related NCDs and risk factors?	✓
Within 5 years?	✗

Governance and resource

Multi-sectoral national co-ordination mechanism for obesity or nutrition (including obesity)?	✗

Key

✓ Present

✓v Present (voluntary)

✓ Incoming

✗ Absent

? Unknown

Last updated October 19, 2022

PDF created on June 28, 2024