Maldives

Country overview

Malnutrition burden

The Maldives is off course to meet the global targets for anaemia in women of reproductive age, low birth weight, male diabetes, and female diabetes. There is insufficient target data to assess the Maldives' progress for under-five overweight, under-five stunting, under-five wasting, infant exclusive breastfeeding, male obesity, and female obesity.

Although it performs relatively well against other developing countries, the Maldives still experiences a malnutrition burden among its under-five population. As of 2009, the national prevalence of under-five overweight is 6.1%, which has increased slightly from 3.9% in 2001. The national prevalence of under-five stunting is 18.6%, which is less than the developing country average of 25%. Conversely, the Maldives' under-five wasting prevalence of 10.8% is greater than the developing country average of 8.9%.
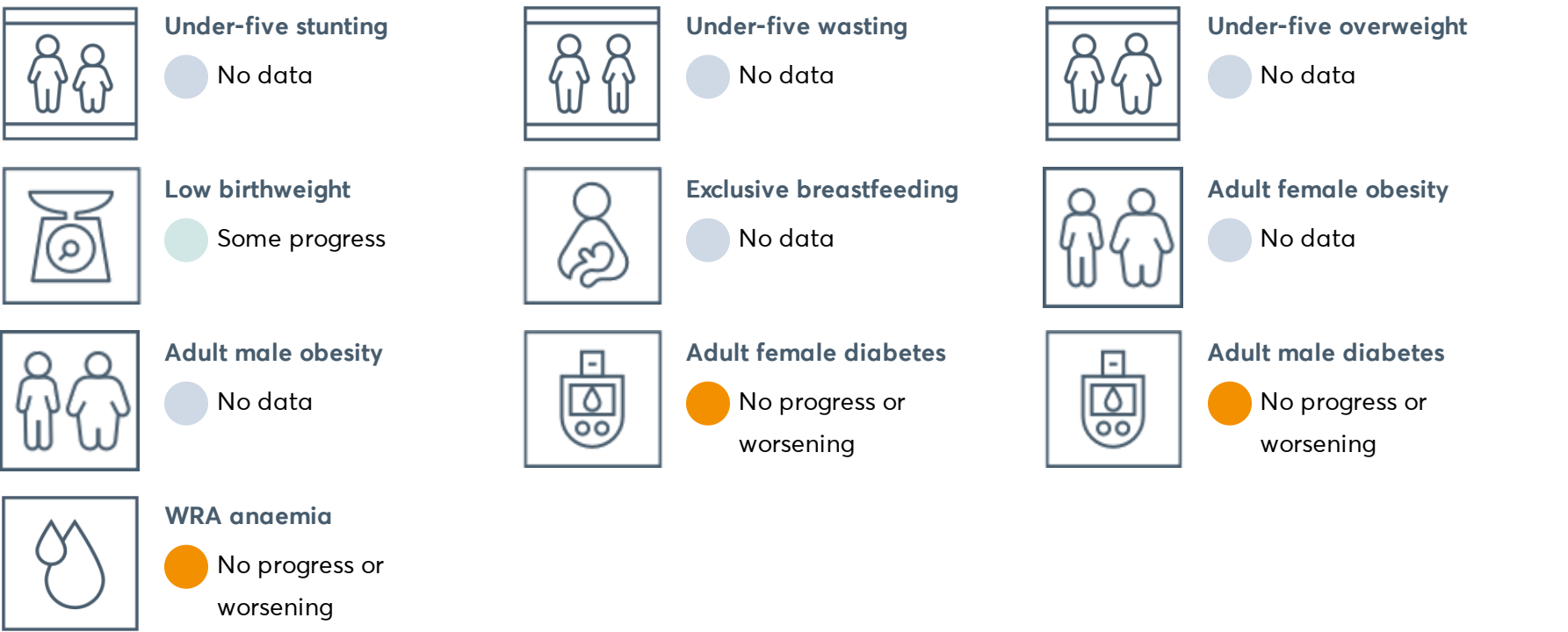
In the Maldives, 45.3% of infants under 23 months are exclusively breastfed. The Maldives' 2015 low birth weight prevalence of 11.7% has decreased slightly from 11.8% in 2014.

The Maldives' adult population also face a malnutrition burden. 42.6% of women of reproductive age have anaemia, and 11.1% of adult men have diabetes, compared to 10.7% of women. Meanwhile, 11.4% of women and 5.8% of men have obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2018

Under-five stunting
No data

Under-five wasting
No data

Under-five overweight
No data

Low birthweight
Some progress

Exclusive breastfeeding
No data

Adult female obesity
No data

Adult male obesity
No data

Adult female diabetes
No progress or worsening

Adult male diabetes
No progress or worsening

**WRA anaemia**
No progress or worsening

Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.
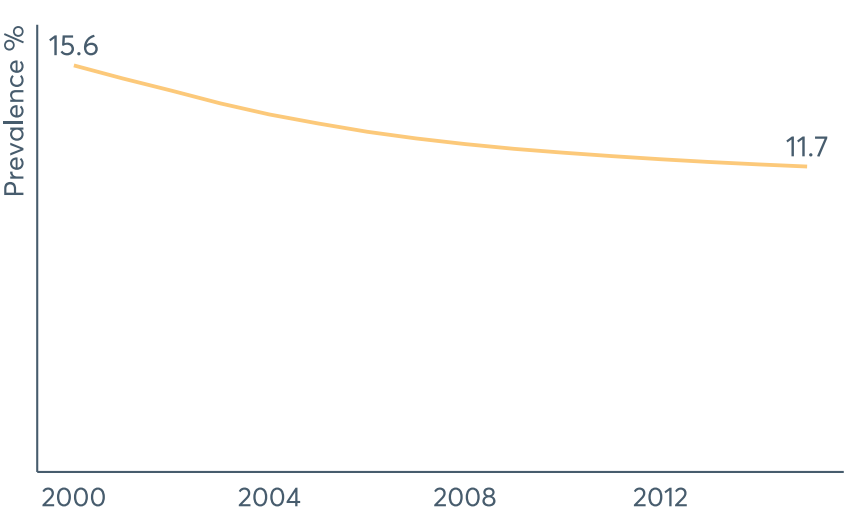
Child (under-five) nutrition status

Coexistence of wasting, stunting and overweight

68.3%

4.7%

8.4%   2.4%

14.8%

- Wasting only
- Stunting only
- Overweight only
- No wasting, stunting or overweight
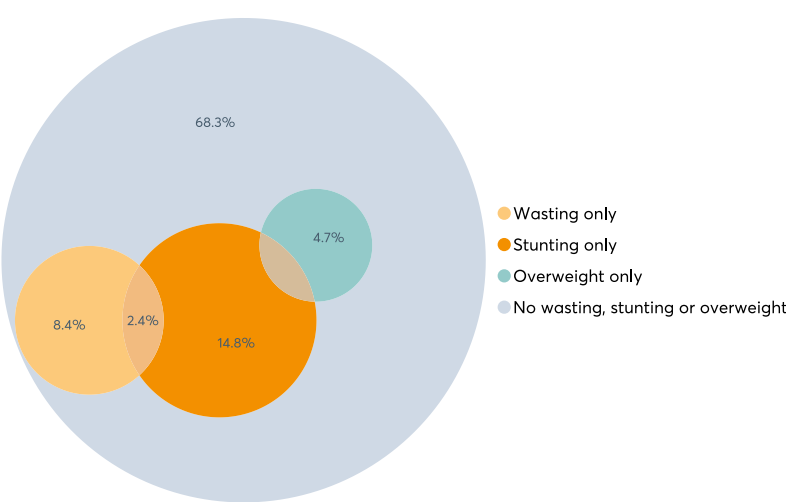
Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

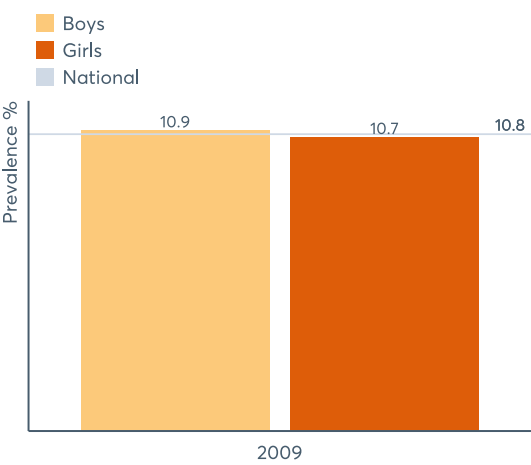Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.
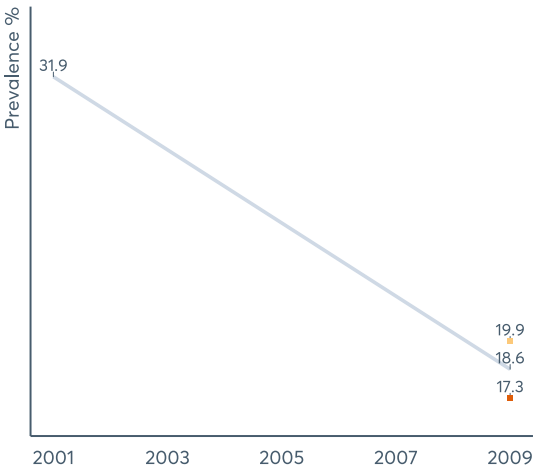
Low birth weight

Prevalence %

15.6

11.7

2000   2004   2008   2012

Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Child (under-five) nutrition status over time

Wasting by gender

Prevalence %

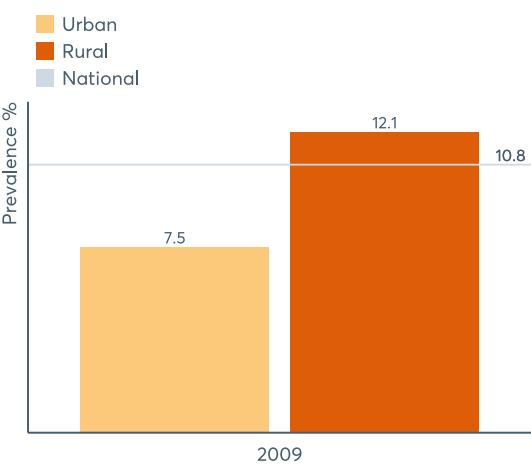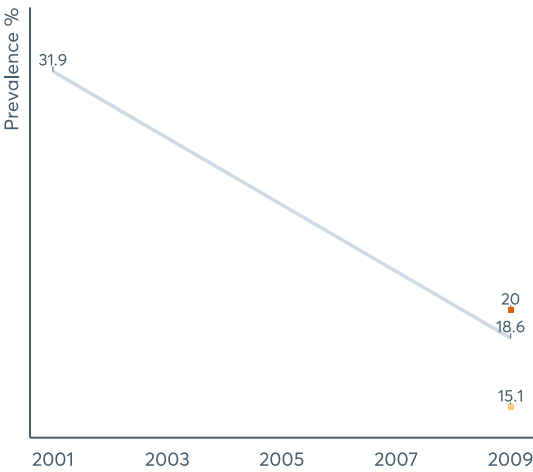Boys
Girls
National

10.9   10.7   10.8

2009

Stunting by gender

Prevalence %

31.9

19.9
18.6
17.3

2001   2003   2005   2007   2009

Overweight by gender

Prevalence %

6,2
6,1
6

3,9

2001   2003   2005   2007   2009

Wasting by location

Prevalence %

Urban
Rural
National

7.5   12.1   10.8

2009

Stunting by location

Prevalence %

31.9

20
18.6

15.1

2001   2003   2005   2007   2009

Overweight by location

Prevalence %

7,4

6,1
5,6

3,9

2001   2003   2005   2007   2009

Wasting by income

Prevalence %

Lowest   Second highest
Second lowest   Highest
Middle   National

12.7   11.2   12.8   7.7   9.1   10.8

2009

Stunting by income

Prevalence %

31.9

23.1
21.5

18.6
17.5

15.2
15

2001   2003   2005   2007   2009

Overweight by income

Prevalence %

7,4
7,2
6,8

6,1

5,1

4,3

3,9

2001   2003   2005   2007   2009

Wasting by mother's education

Prevalence %

| None or primary
| Secondary or higher
| National

12.9

10.8

8.9

2009

Stunting by mother's education

Prevalence %

31.9

21.2
18.6
15.9

2001   2003   2005   2007   2009

Overweight by mother's education
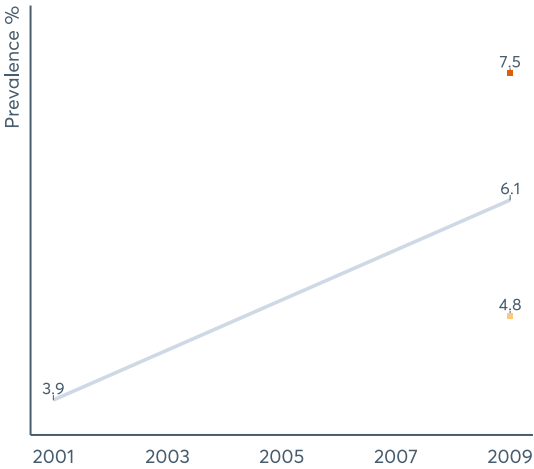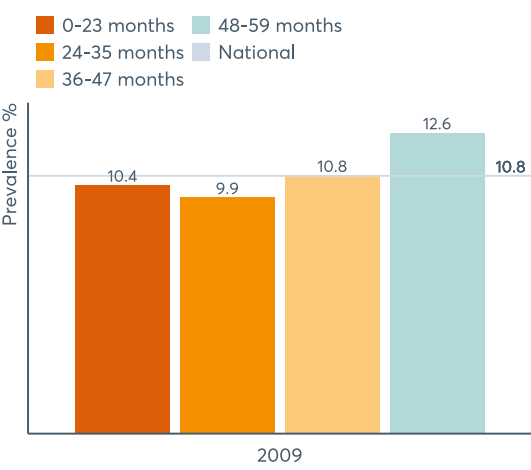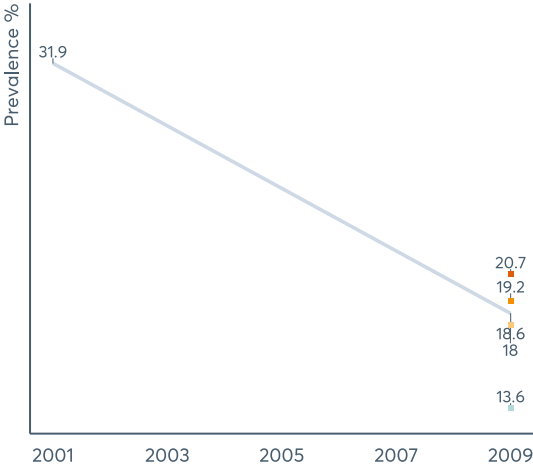
Prevalence %

7.5

6.1

4.8

3.9

2001   2003   2005   2007   2009

Wasting by age

Prevalence %

| 0-23 months | 48-59 months
| 24-35 months | National
| 36-47 months

10.4   9.9   10.8   12.6   **10.8**

2009

Stunting by age

Prevalence %

31.9

20.7
19.2

18.6
18

13.6

2001   2003   2005   2007   2009

Overweight by age

Prevalence %

7.4

6.3
6.1
5.9
5.7

3.9

2001   2003   2005   2007   2009
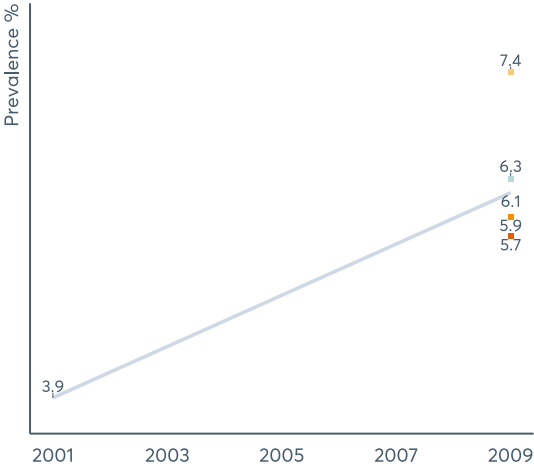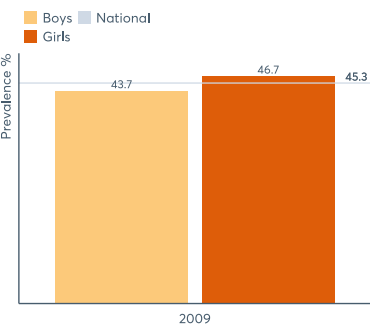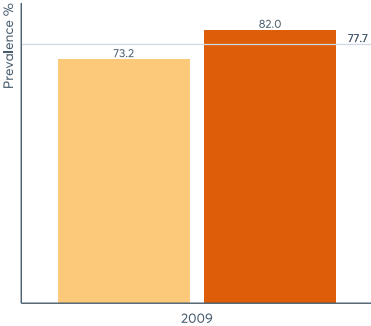
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

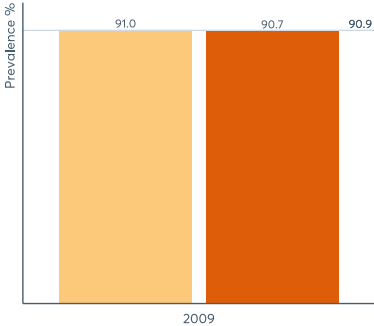# Infant and young child feeding over time

Exclusive breastfeeding by gender

Legend: Boys, Girls, National
43.7 · 46.7 · 45.3
2009

Continued breastfeeding at 1 year by gender

73.2 · 82.0 · 77.7
2009

Minimum acceptable diet by gender

No data

Intro. to solid, semi-solid, soft foods by gender

91.0 · 90.7 · 90.9
2009

Exclusive breastfeeding by location

Legend: Urban, Rural, National
41.3 · 47.4 · 45.3
2009
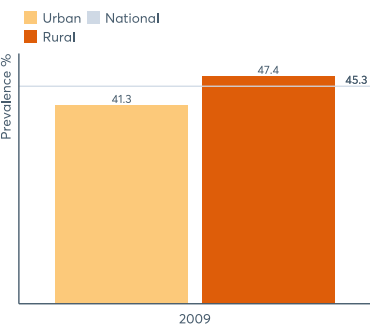
Continued breastfeeding at 1 year by location

61.7 · 84.8 · 77.7
2009
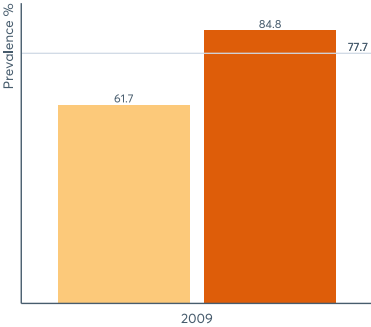
Minimum acceptable diet by location

No data

Intro. to solid, semi-solid, soft foods by location

93.8 · 89.2 · 90.9
2009
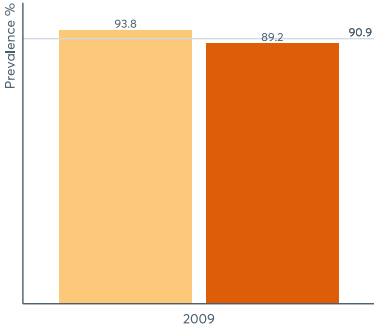
Exclusive breastfeeding by income

Legend: Lowest, Second lowest, Middle, Second highest, Highest, National
45.7 · 52.2 · 40.5 · 42.6 · 45.4 · 45.3
2009

Continued breastfeeding at 1 year by income

84.0 · 88.3 · 89.7 · 72.3 · 77.7
2009
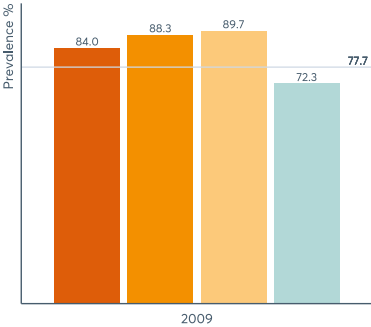
Minimum acceptable diet by income

No data

Intro. to solid, semi-solid, soft foods by income

89.7 · 91.5 · 89.9 · 87.8 · 90.9
2009
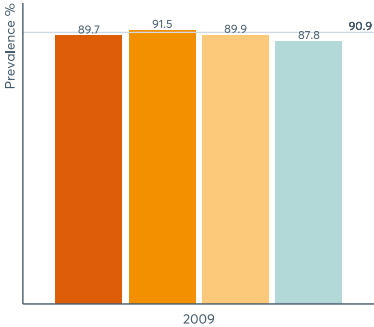
Exclusive breastfeeding by mother's education

Prevalence %

None or primary
Secondary or higher
National

47.6 44.0 45.3

2009
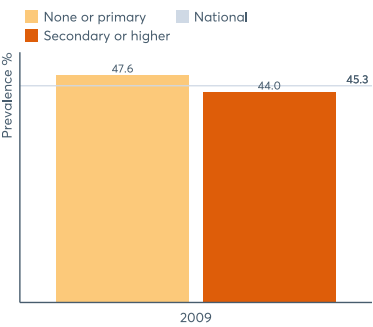
Continued breastfeeding at 1 year by mother's education

Prevalence %

82.0 74.1 77.7

2009
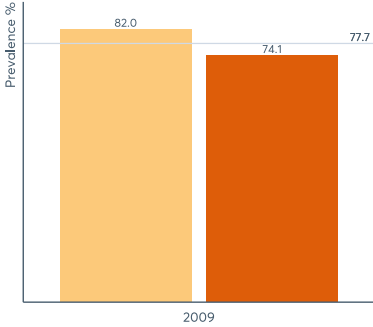
Minimum acceptable diet by mother's education

No data

Intro. to solid, semi-solid, soft foods by mother's education

Prevalence %

86.4 92.8 90.9

2009

Exclusive breastfeeding by age

Prevalence %

0-1 month   4-5 months
2-3 months   National

65.7 57.7 45.3 22.9

2009
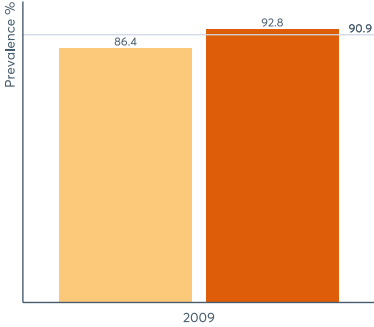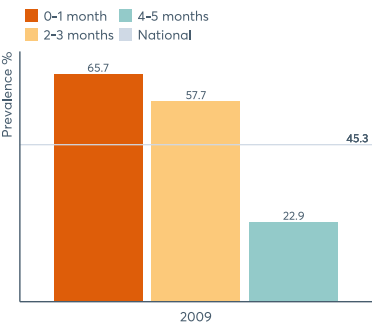
Continued breastfeeding at 1 year by age

No data

Minimum acceptable diet by age

No data

Intro. to solid, semi-solid, soft foods by age

No data

Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding, New York, May 2019.

Infant and young child feeding

Wealth quintiles (%)

○ Highest
○ Lowest

Continued breastfeeding at 2 years
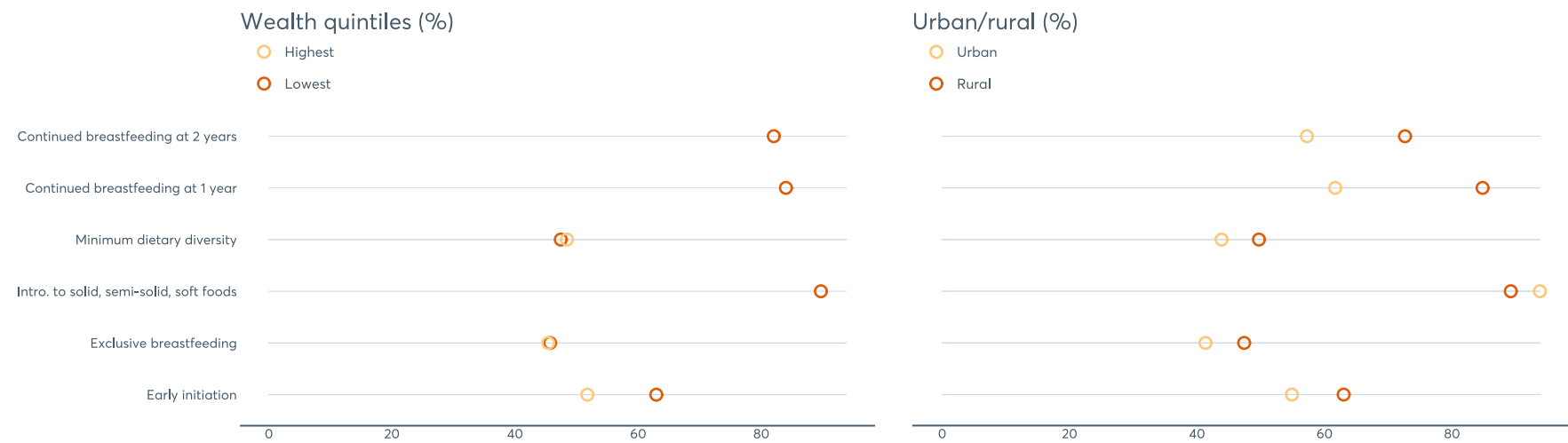Continued breastfeeding at 1 year
Minimum dietary diversity
Intro. to solid, semi-solid, soft foods
Exclusive breastfeeding
Early initiation

0   20   40   60   80

Urban/rural (%)

○ Urban
○ Rural

0   20   40   60   80

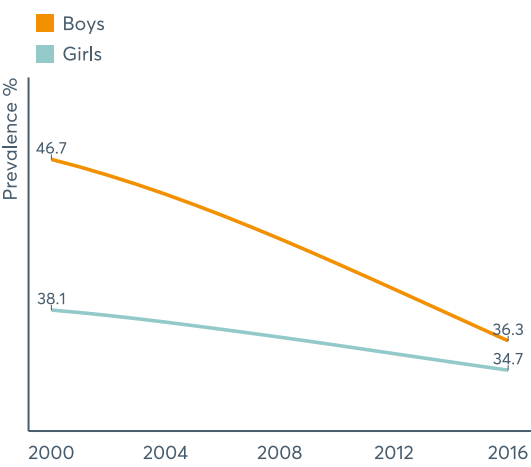Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Child and adolescent (aged 5-19) nutrition status

Underweight by gender

Prevalence %

46.7

38.1

36.3

34.7

■ Boys
■ Girls

2000   2004   2008   2012   2016

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Prevalence %

19.5

14.2

5.2
4.8

2000   2004   2008   2012   2016

Obesity by gender

Prevalence %

9.3

5.4

1.9

0.9

2000   2004   2008   2012   2016
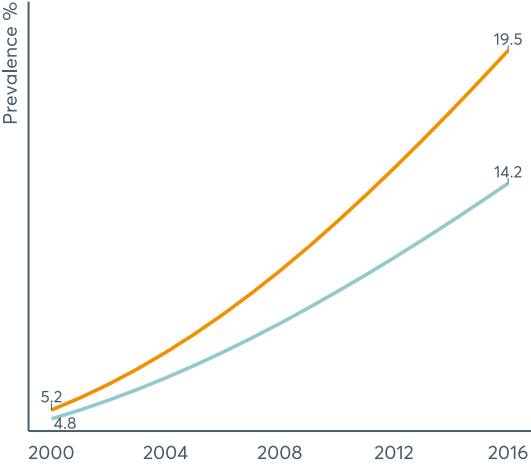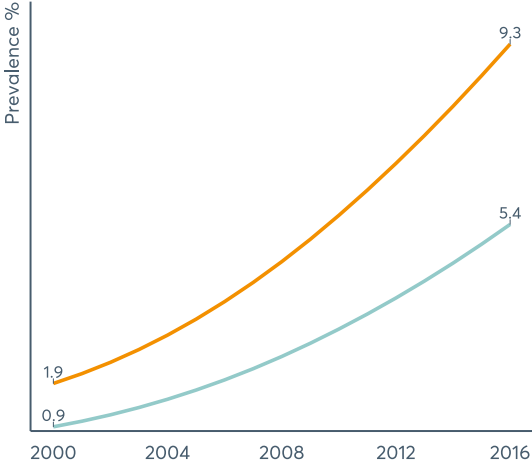
Adult nutrition status

Diabetes by gender
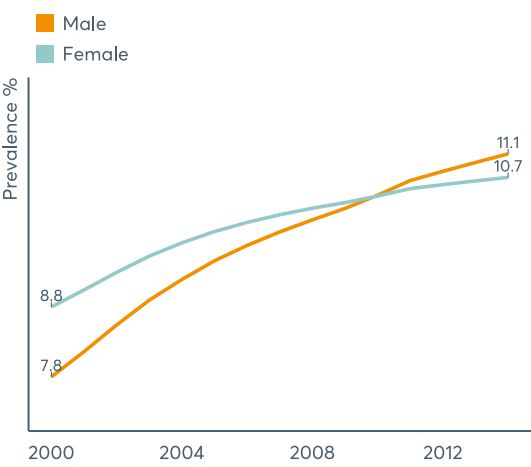
Prevalence %

Male
Female

8.8
7.8
11.1
10.7

2000 2004 2008 2012

Sources: NCD Risk Factor Collaboration.

Overweight by gender

Prevalence %

21
13.5
34.2
26.9

2000 2004 2008 2012 2016

Obesity by gender

Prevalence %

4.6
1.5
11.4
5.8

2000 2004 2008 2012 2016
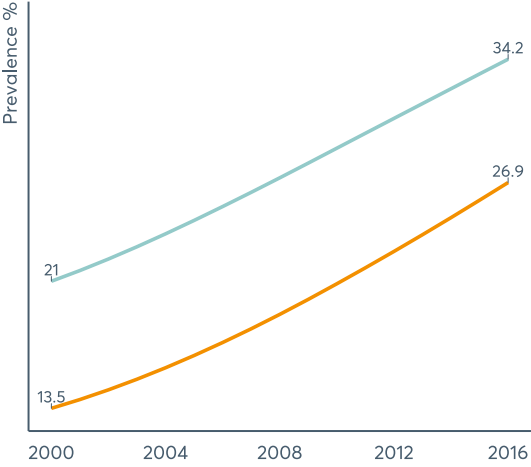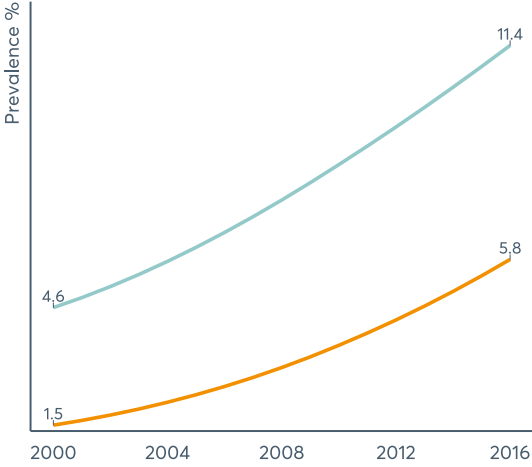
Raised blood pressure by gender

Prevalence %

Male
Female

26.1
21.1
26.9
21.9

2000 2004 2008 2012
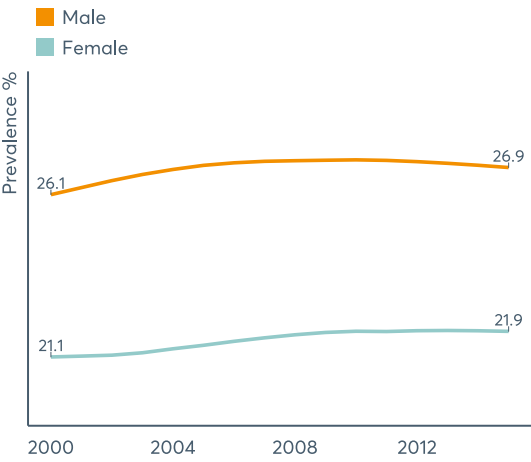
Sources: NCD Risk Factor Collaboration.

Anaemia in WRA

Prevalence %

All women
Pregnant women
Non-pregnant women

56.4
51
50.7
46.9
42.6
42.4

2000 2004 2008 2012 2016
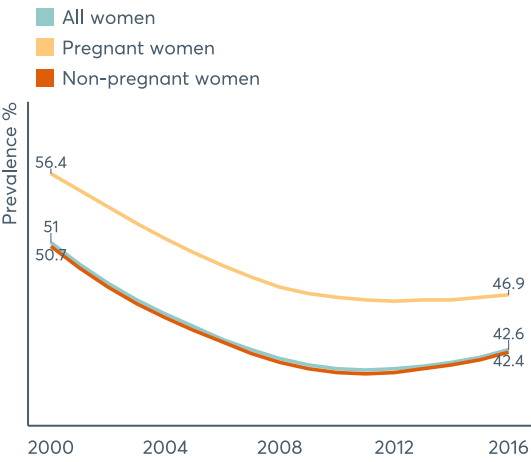
Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

Salt intake (grams per day)

Maldives
Global

4.7
5.6

2017
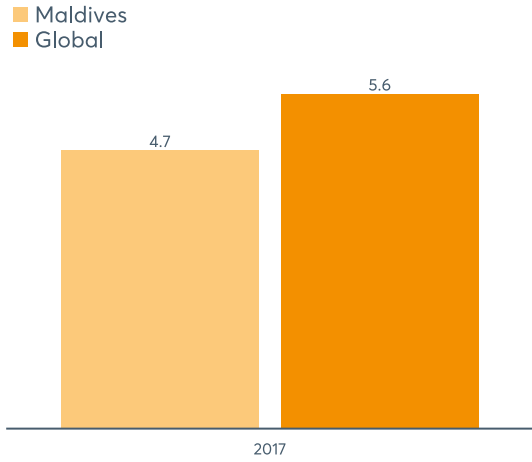
Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016

Maldives
Asia
Global

Left chart (Midpoint of TMREL, 0%/0g of TMREL to 200% of TMREL):
- Calcium — 1.3g
- Fruit — 250g
- Legumes — 60g
- Milk — 435g
- Nuts and seeds — 20.5g
- Omega 3 — 0.3g
- Polyunsaturated fat — 11%

Right chart:
- Processed meat — 2g
- Red meat — 22.5g
- Salt — 2g (5, 5)
- Saturated fat — 7%
- Sugar-sweetened beverages — 2.5g (84, 95, 112)
- Trans fat — 0.5%
- Vegetables — 360g
- Whole grain — 125g

Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	48	51	46	2016
Children 6-59 months who received vitamin A supplements in last 6 months	71	72	70	2016
Children 6-59 months given iron supplements in past 7 days	No data	No data	No data	No data
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	91	NA	NA	2016
Household consumption of any iodised salt	No data	NA	NA	No data

Sources: Huestis A. and Kothari M., based on *2016 Global Nutrition Report* and UNICEF global databases, 2019.

Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.
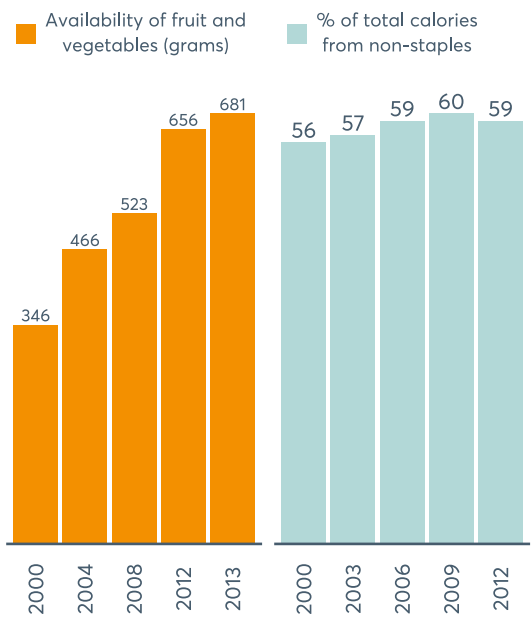
Determinants

Undernourishment
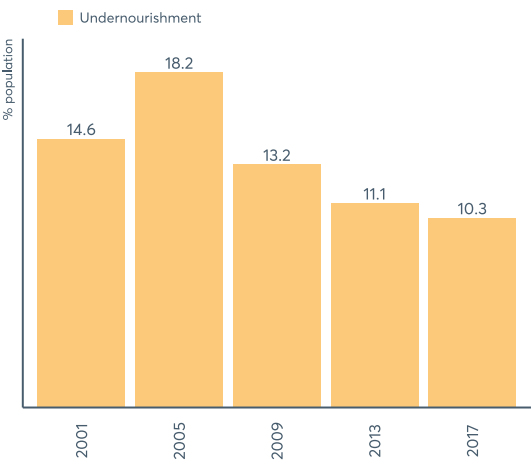
Source: FAOSTAT 2018.
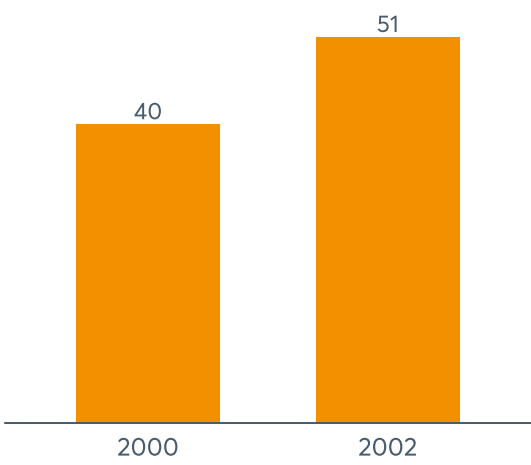
Food supply

Source: FAOSTAT 2018.

Gender-related determinants

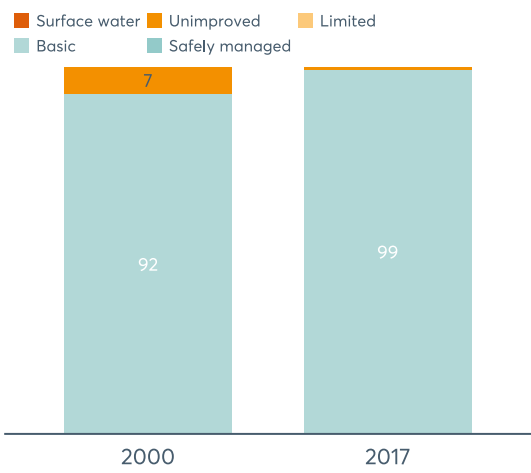|		
Early childbearing births by age 18 (%)[1]	1	2009
Gender Inequality Index (score*)[2]	0.34	2017
Gender Inequality Index (country rank)[2]	76	2017

Sources: [1] UNICEF 2018; [2] UNDP 2018.

Notes: *0 = low inequality, 1 = high inequality.

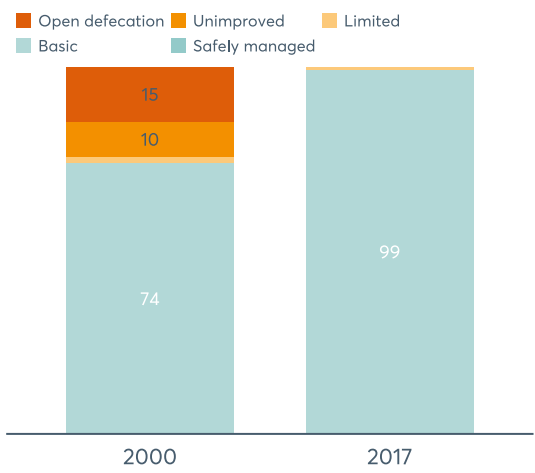## Female secondary education enrolment (net, % population)

Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)

Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)

Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

Basic nutrition ODA received

% of total ODA
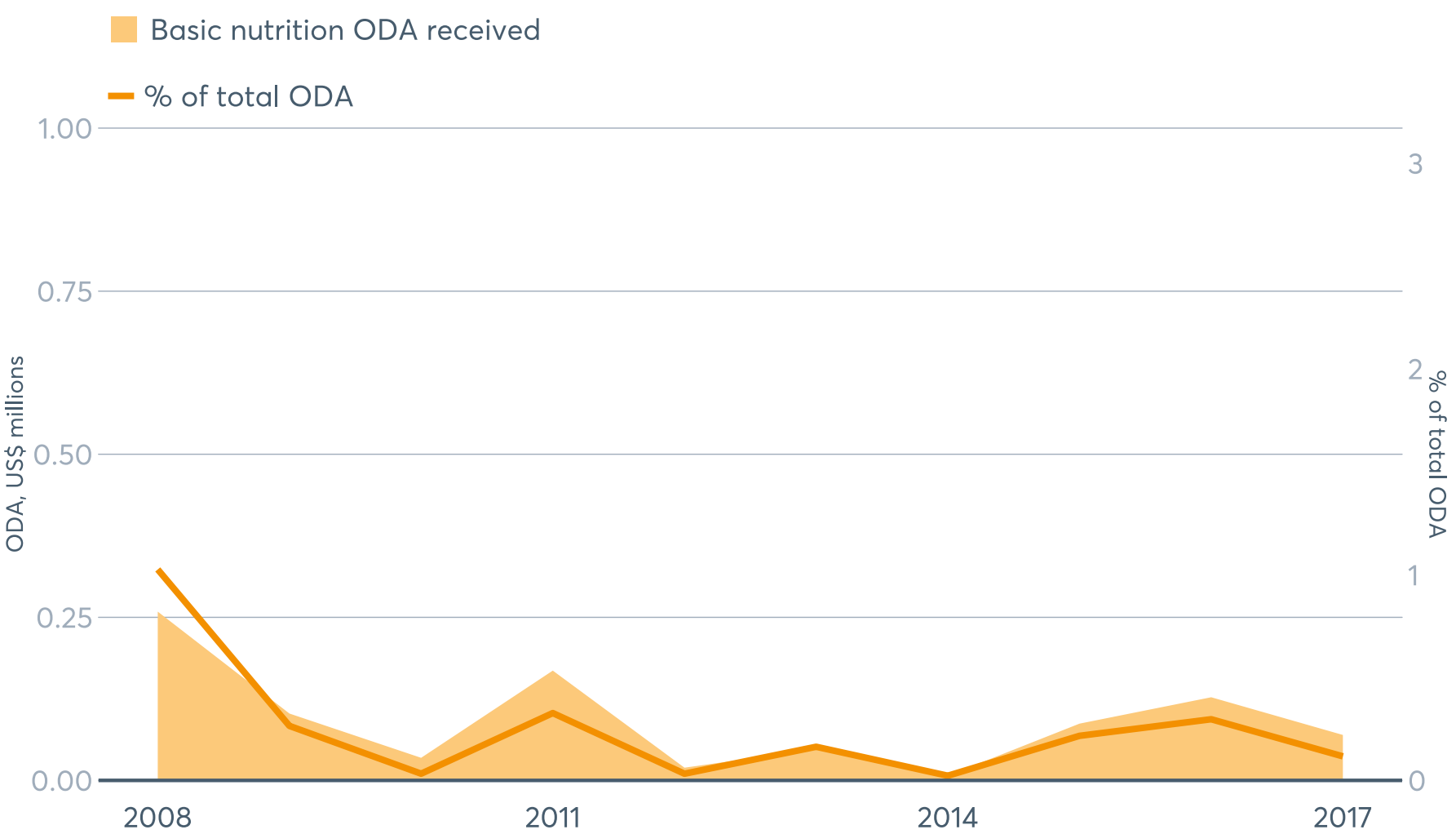
Sources: Development Initiatives based on OECD Development Assistance Commitee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	No data
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	Yes
Operational, multisectoral national NCD policy, strategy or action plan	Yes
Operational policy, strategy or action plan for diabetes	Yes
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: NA = not applicable; NCD = non-communicable disease.

Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	Yes
Low birth weight	Child overweight
Yes	Yes
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
Yes	Yes
Multisectoral comprehensive nutrition plan	
Yes	

Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography
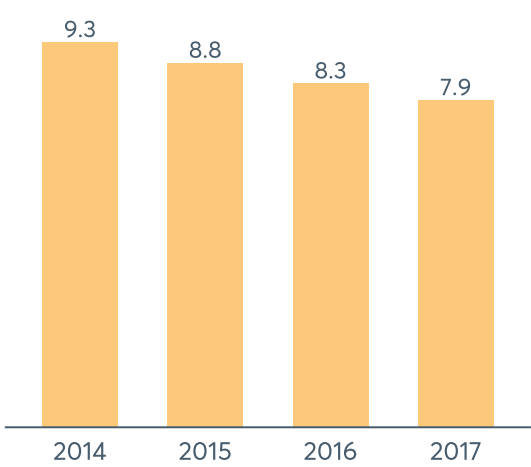
Poverty rates (%) and GDP (PPP$)

Legend: ■ $1.90/day ■ $3.20/day ■ GDP per capita

$1.90/day: 13 (2005), 7 (2010), 4 (2015)
$3.20/day: 41 (2005), 23 (2010), 18 (2015)
GDP per capita: 17,482 (2016), 18,382 (2017), 19,342 (2018), 20,222 (2019)
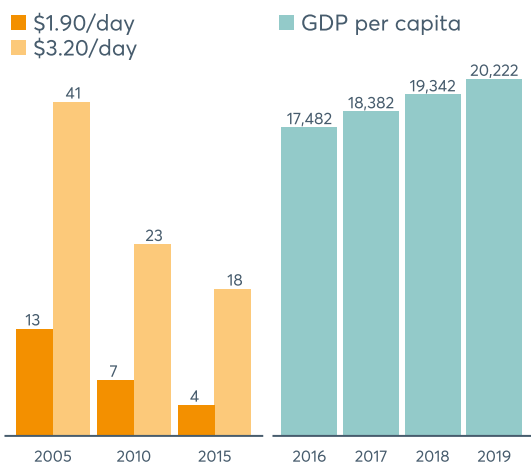
Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.

Under-five mortality (per 1,000 live births)

9.3 (2014), 8.8 (2015), 8.3 (2016), 7.9 (2017)

Source: UN Inter-agency Group for Child Mortality Estimation 2018.

Government revenues ($m)

No data

Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score[1]	Gini index rank[2]	Year
38	93	2009

Sources: World Bank 2019.

Notes: [1] 0 = perfect equality, 100 = perfect inequality. [2] Countries are ranked from most equal (1) to most unequal (120).

Population

Population (thousands)	516	2018
Under-five population (thousands)	37	2019
Rural (%)	60	2018
>65 years (thousands)	19	2019

Sources: World Bank 2019, UN Population Division Department of Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians	3.61	2015
Nurses and midwives	8.22	2015
Community health workers	1.42	2014

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.