Guyana

Overview

Malnutrition status

Guyana is on course to meet the global targets for under-five overweight and under-five stunting, but is off course to meet the targets for all other indicators analysed with adequate data.

Although it performs well against other developing countries, Guyana still experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 5.3%, which has decreased slightly from 6.7% in 2009. The national prevalence of under-five stunting is 11.3%, which is less than the developing country average of 25%. Guyana's under-five wasting prevalence of 6.4% is also less than the developing country average of 8.9%.

In Guyana, 21.1% of infants under 23 months are exclusively breastfed, this is well below the South America average of 64.2%. Guyana's 2015 low birth weight prevalence of 15.6% has decreased slightly from 15.7% in 2000.

Guyana's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 12.6% of adult women suffer from diabetes, compared to 9.1% of men. Meanwhile, 27.1% of women and 12.7% of men suffer from 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

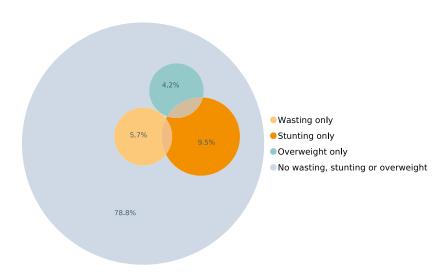


Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

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 over time

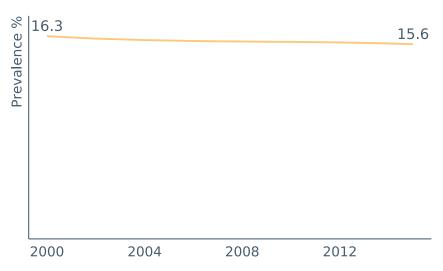
Coexistence of wasting, stunting and overweight



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



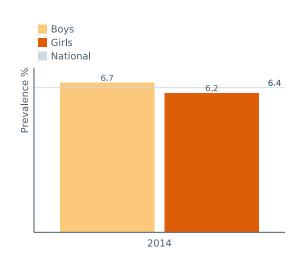
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

Child (under-five) nutrition status

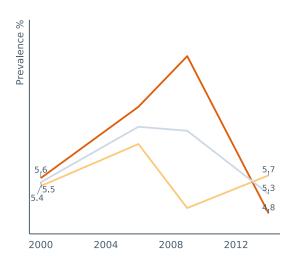
Wasting by gender

Stunting by gender

Overweight by gender



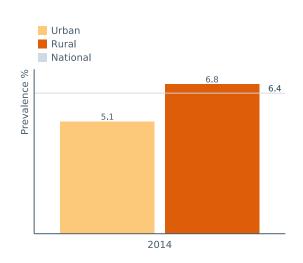
14,9 13,9 12,3 12,3 12,3 12,5 11,3 19

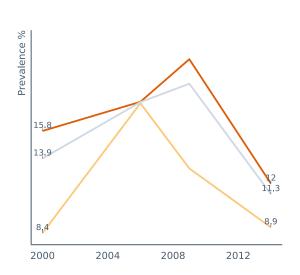


Wasting by location

Stunting by location

Overweight by location







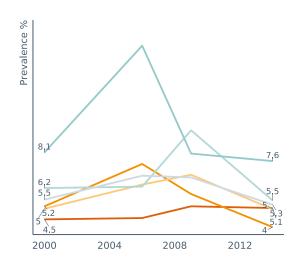
Wasting by income

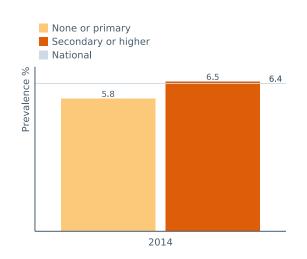
Stunting by income

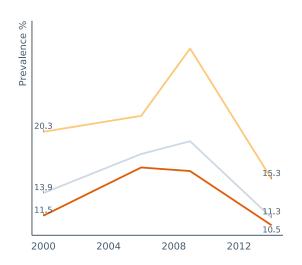
Overweight by income

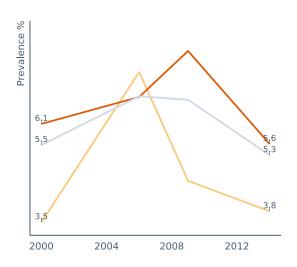










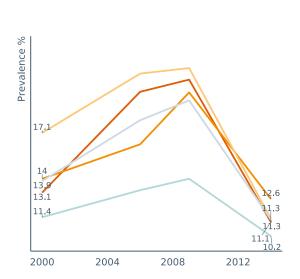


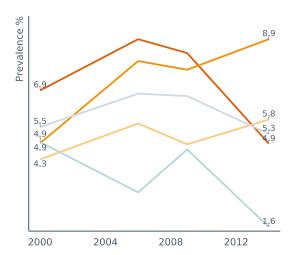
Wasting by age

Stunting by age

Overweight by age



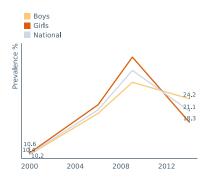




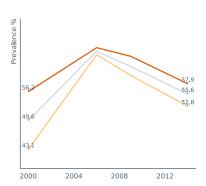
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and young child feeding over time

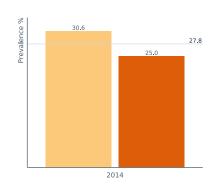
Exclusive breastfeeding by gender



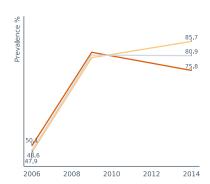
Continued breastfeeding at 1 year by gender



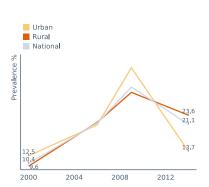
Minimum acceptable diet by gender



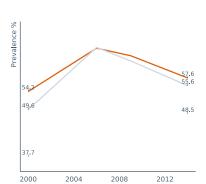
Introduction to solid, semi-solid or soft foods by gender



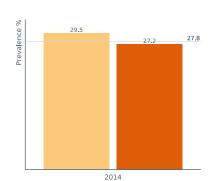
Exclusive breastfeeding by location



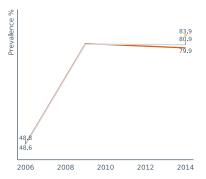
Continued breastfeeding at 1 year by location



Minimum acceptable diet by location



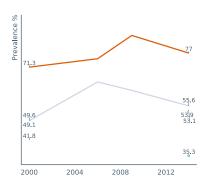
Introduction to solid, semi-solid or soft foods by location



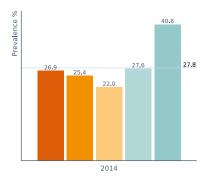
Exclusive breastfeeding by income



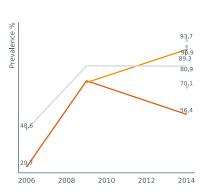
Continued breastfeeding at 1 year by income



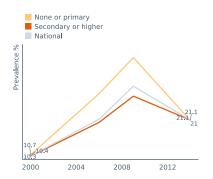
Minimum acceptable diet by income



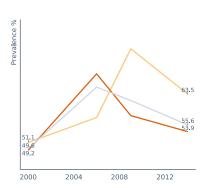
Introduction to solid, semi-solid or soft foods by income



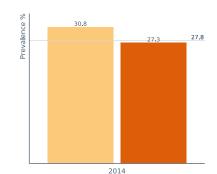
Exclusive breastfeeding by mother's education



Continued breastfeeding at 1 year by mother's education



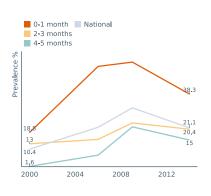
Minimum acceptable diet by mother's education



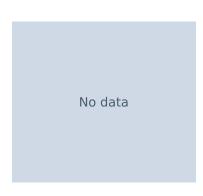
Introduction to solid, semi-solid or soft foods by mother's education



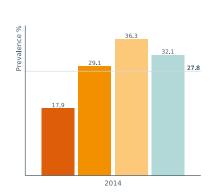
Exclusive breastfeeding by age



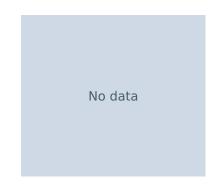
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

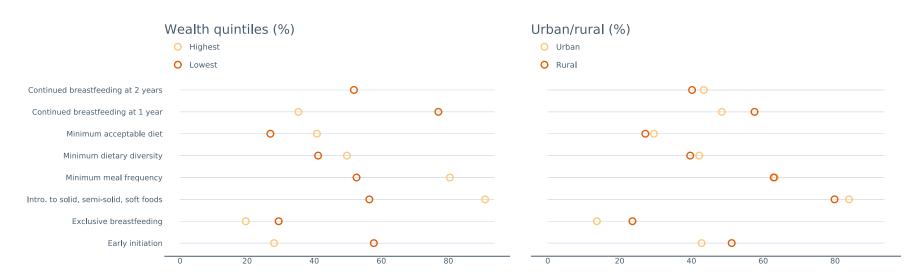


Introduction to solid, semi-solid or soft foods by age



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



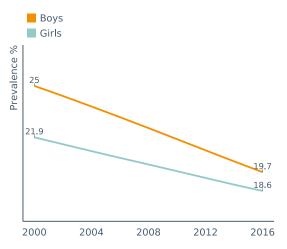
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

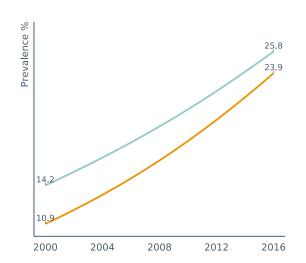
Child and adolescent (aged 5-19) nutrition status

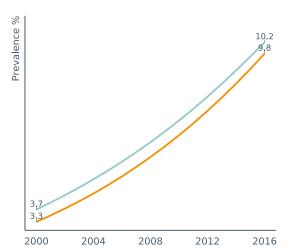
Underweight by gender

Overweight by gender

Obesity by gender







Sources: NCD Risk Factor Collaboration.

Adult nutrition status

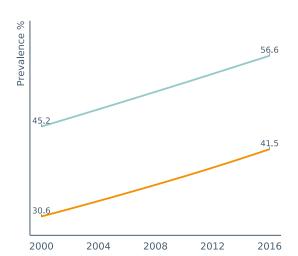
Diabetes by gender

Male Female 12,6

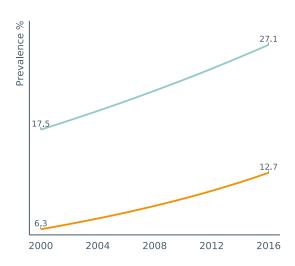
Sources: NCD Risk Factor Collaboration.

2000

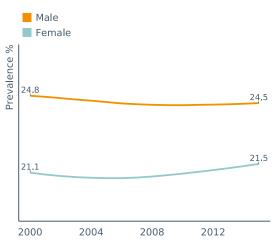
Overweight by gender



Obesity by gender

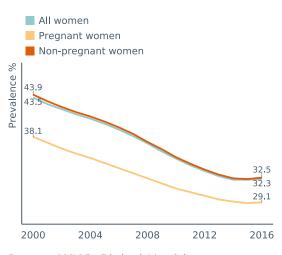


Raised blood pressure by gender



Sources: NCD Risk Factor Collaboration.

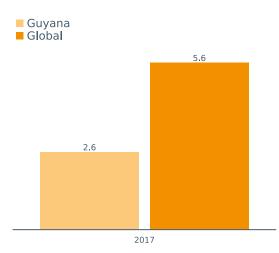
Anaemia in WRA



Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.

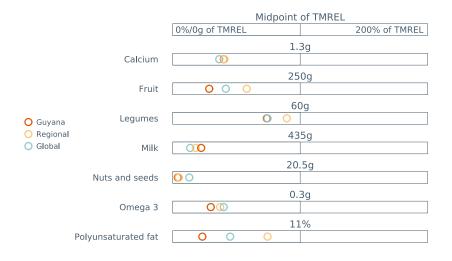
Sodium intake (grams per day)



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

Dietary needs

Consumption of food groups and components, 2016





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	1	1	1	2009
Children 6-59 months who received vitamin A supplements in last 6 months	No data	No data	No data	No data
Children 6-59 months given iron supplements in past 7 days	24	25	24	2009
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	83	NA	NA	2009
Household consumption of any iodised salt	20	NA	NA	2009

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

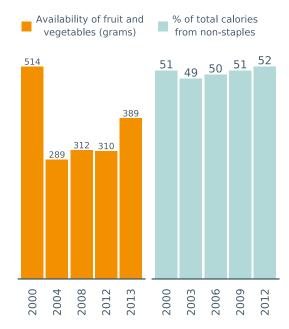
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

Determinants

Undernourishment

Undernourishment 11.4 9.4 7.9 100 8.8 8.1 100 8.0 8.0 8.1 100 8.8 8.1 100 8.8 8.1 100 8.8 8.1 100 8.8 8.1 100 8.8 8.1 100 8.8 8.1

Food supply



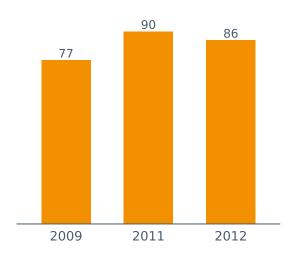
Source: FAOSTAT 2018.

Gender-related determinants

Early childbearing births by age 18 (%) ¹	16	2014
Gender Inequality Index (score [*]) ²	0.5	2017
Gender Inequality Index (country rank) ²	122	2017

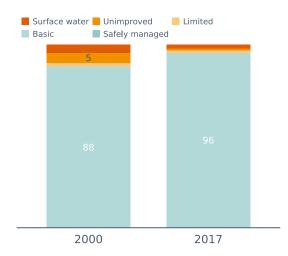
Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

Female secondary education enrolment (net, % population)



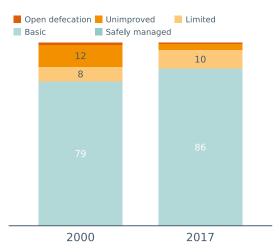
Source: UNESCO Institute for Statistics 2018.

Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

Sanitation coverage (% population)

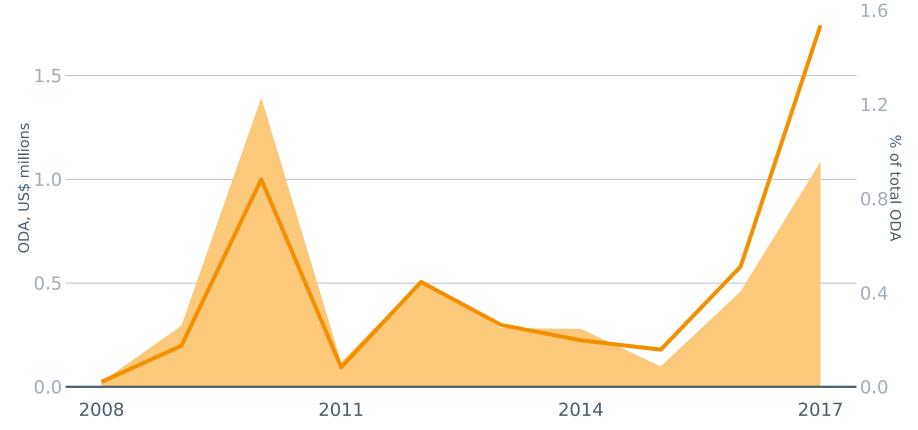


Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

- Basic nutrition ODA received
- % of total ODA



Sources: Development Initiatives based on OECD Development Assistance Committee (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	Yes
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	No
Low birth weight	Child overweight
Yes	No
Exclusive breastfeeding	Wasting
No	No
Salt intake	Overweight adults and adolescents
Yes	No
Multisectoral comprehensive nutrition plan	
Yes	

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

Economics and demography

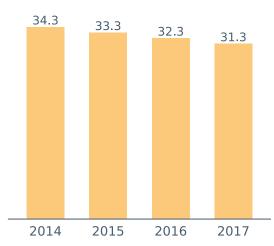
Poverty rates (%) and GDP (PPP\$)

\$1.90/day \$3.20/day 28 7,252 7,363 7,573 7,838 7,252 7,363 7,573 7,838 7,252 7,363 7,573 7,838 2010 2010 2015 2016 2017 2018 2019

Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

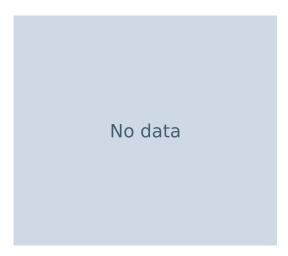
Notes: PPP = purchasing power parity.

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



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

Government revenues (\$m)



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
No data	No data	No data

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)	779	2018
Under-five population (thousands)	75	2019
Rural (%)	73	2018
>65 years (thousands)	53	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	0.21	2009
Nurses and midwives	0.53	2010
Community health workers	0.33	2010

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