

## Overview

### Nutritional information

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

Botswana experiences a malnutrition burden among its under-five population. As of 2007, the national prevalence of under-five overweight is 11.2%, which has increased slightly from 10.1% in 2000. The national prevalence of under-five stunting is 31.4%, which is greater than the developing country average of 25%. Conversely, Botswana's under-five wasting prevalence of 7.2% is less than the developing country average of 8.9%.

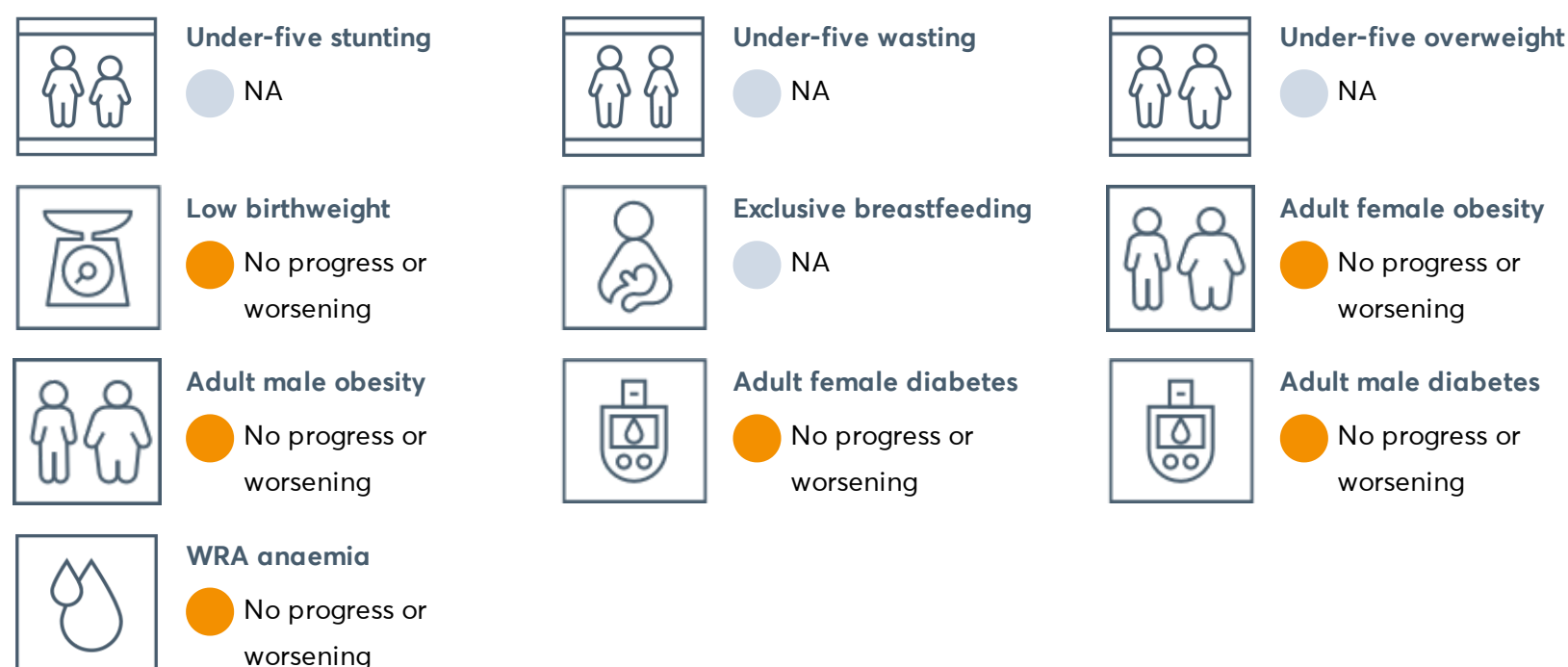
20.3% of infants under 23 months are exclusively breastfed, this is well below the Southern Africa average of 48.3%. Botswana's 2015 low birth weight prevalence of 15.6% has decreased slightly from 15.7% in 2000.

Botswana's adult population also face malnutrition burdens. While there is no prevalence data available for anaemia among women of reproductive age, 9.5% of adult women suffer from diabetes, compared to 7.6% of men. Meanwhile, 29.3% of women and 8.1% of men suffer from obesity.

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

Notes: Thresholds for a country having the form or not: stunting in children aged under-five years >20%; anaemia in women of reproductive age >20%; overweight (body mass index >25) in adult women aged >18 years >35%.

### Progress against global nutrition targets 2018

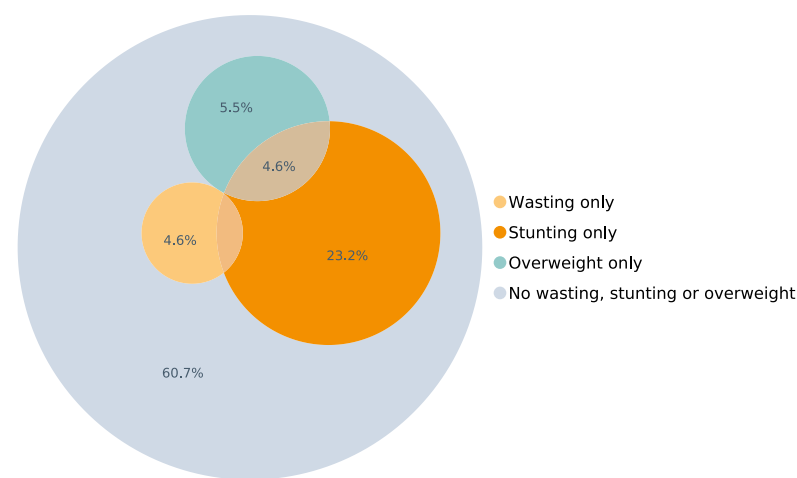


Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

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.

# Infant and child (under-five) status

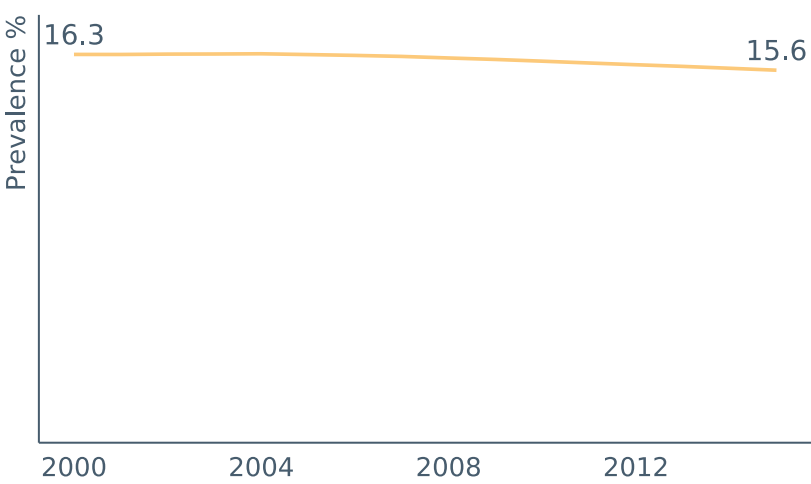
## Under-five coexistence of wasting, stunting and overweight



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.

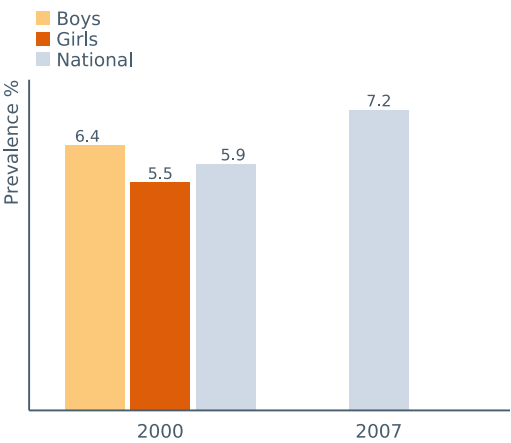
## Low birth weight (%)



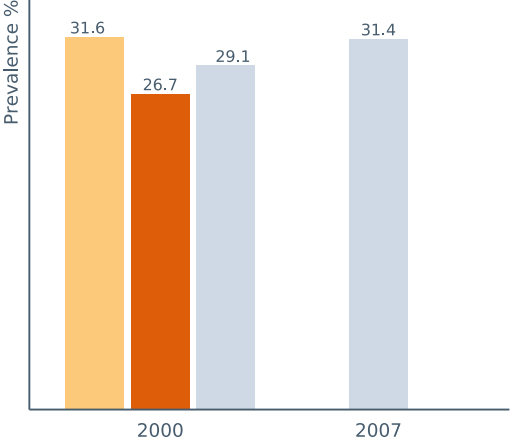
Source: UNICEF/WHO Low birthweight estimates, 2019 edition.

# Children (under-five) nutrition status

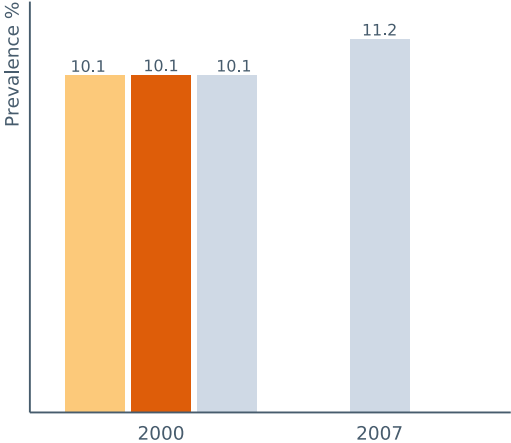
Wasting by gender (%)



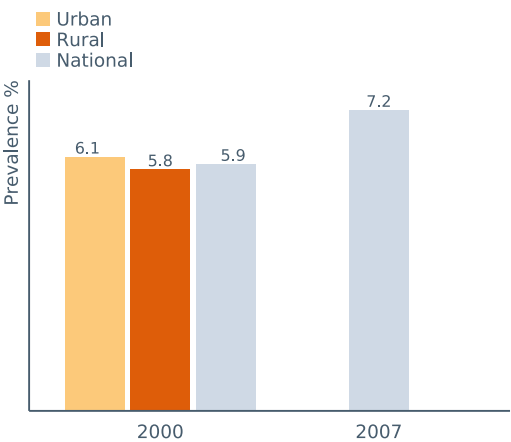
Stunting by gender (%)



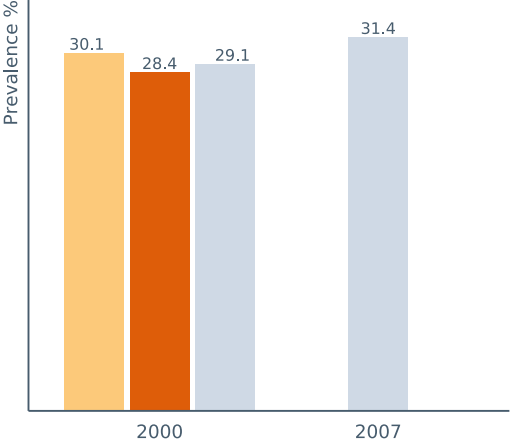
Overweight by gender (%)



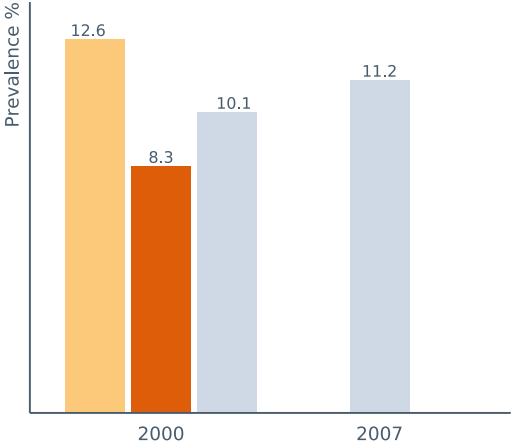
Wasting by location (%)



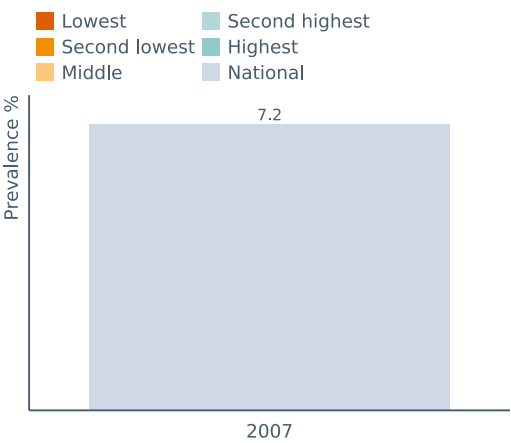
Stunting by location (%)



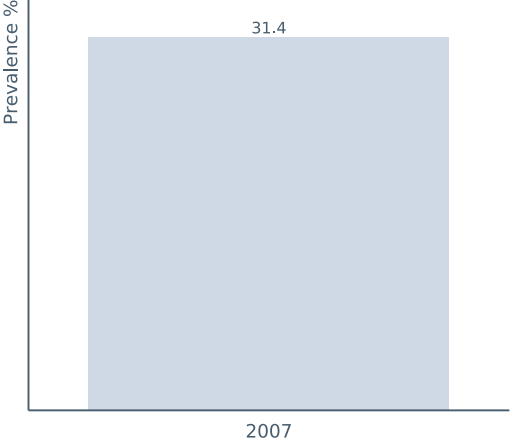
Overweight by location (%)



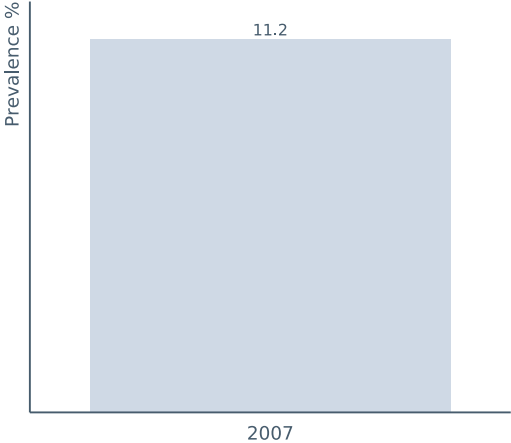
Wasting by income (%)



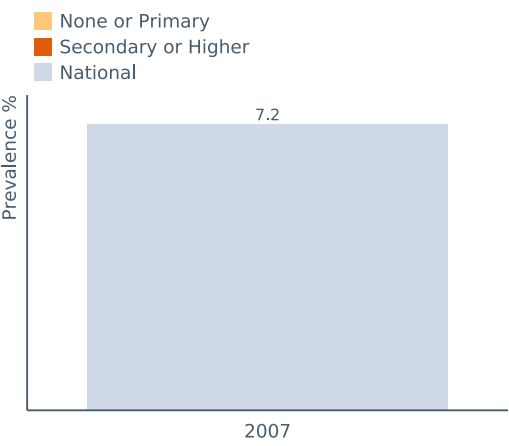
Stunting by income (%)



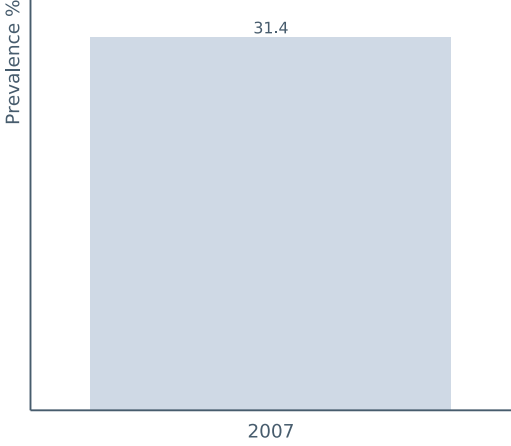
Overweight by income (%)



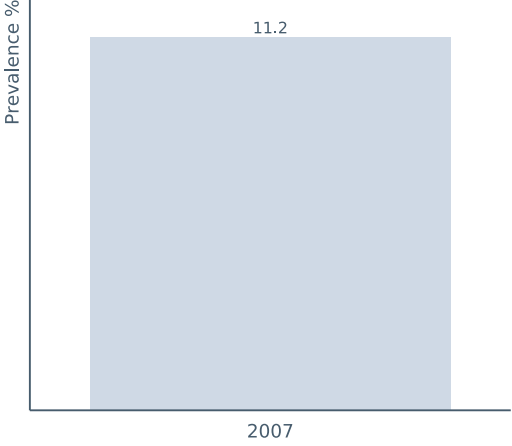
Wasting by education (%)



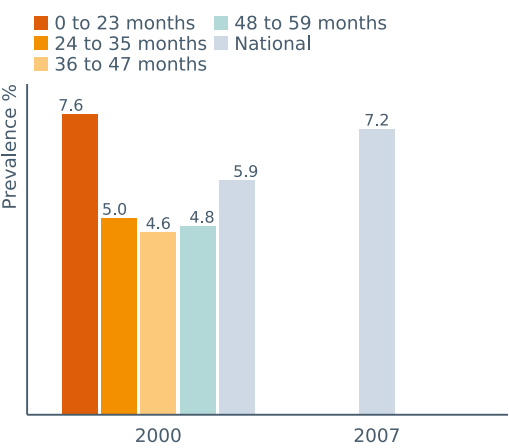
Stunting by education (%)



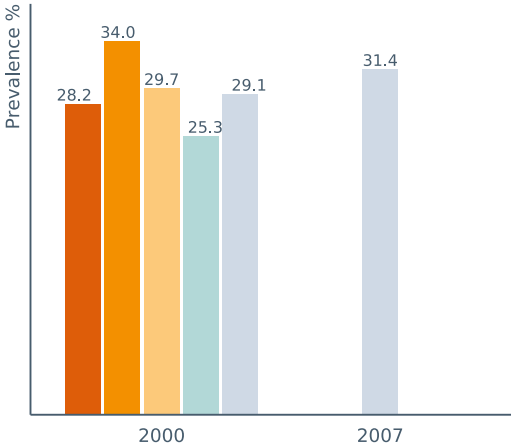
Overweight by education (%)



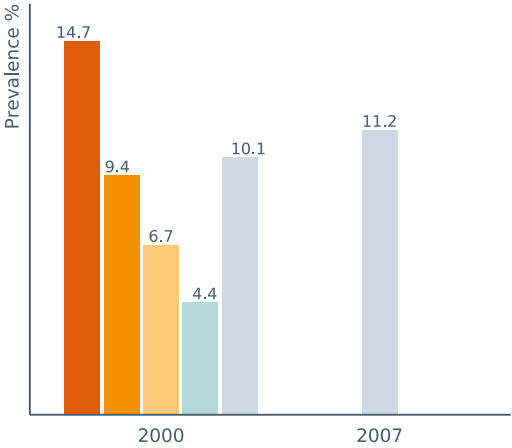
Wasting by age (%)



Stunting by age (%)



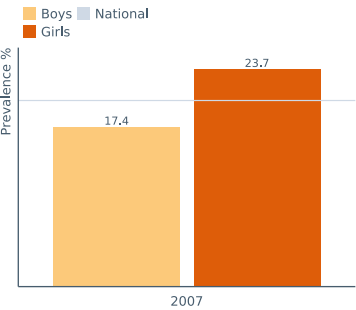
Overweight by age (%)



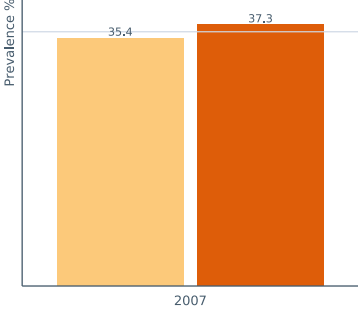
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

# Infant and child (under-five) feeding over time

Exclusive breastfeeding by gender



Continued breastfeeding at 1 year by gender



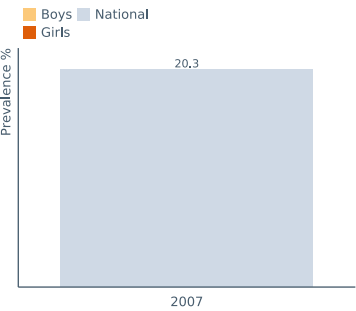
Minimum acceptable diet by gender



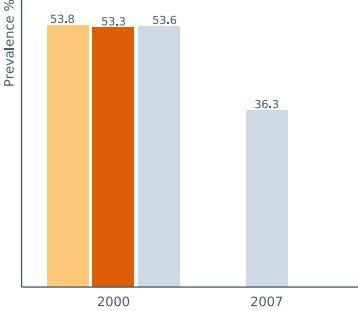
Introduction to solid, semi-solid or soft foods by gender



Exclusive breastfeeding by location



Continued breastfeeding at 1 year by location



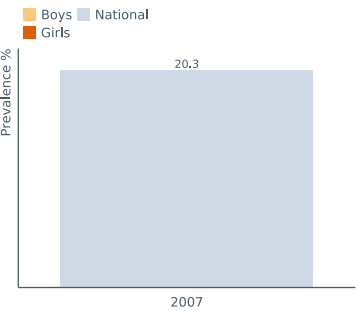
Minimum acceptable diet by location



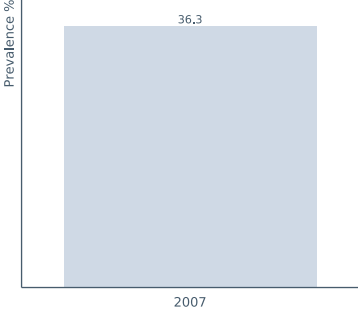
Introduction to solid, semi-solid or soft foods by location



Exclusive breastfeeding by income



Continued breastfeeding at 1 year by income

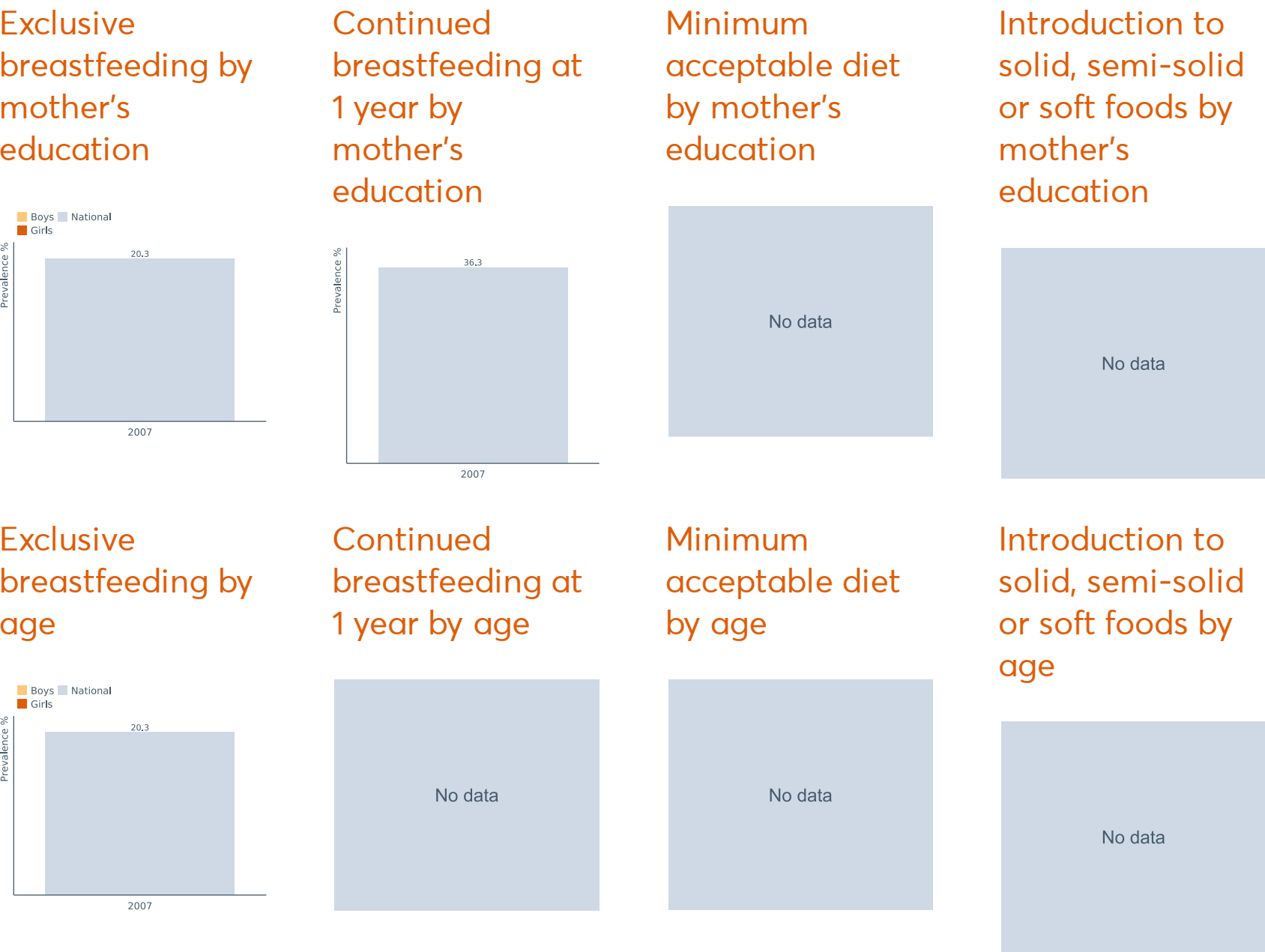


Minimum acceptable diet by income



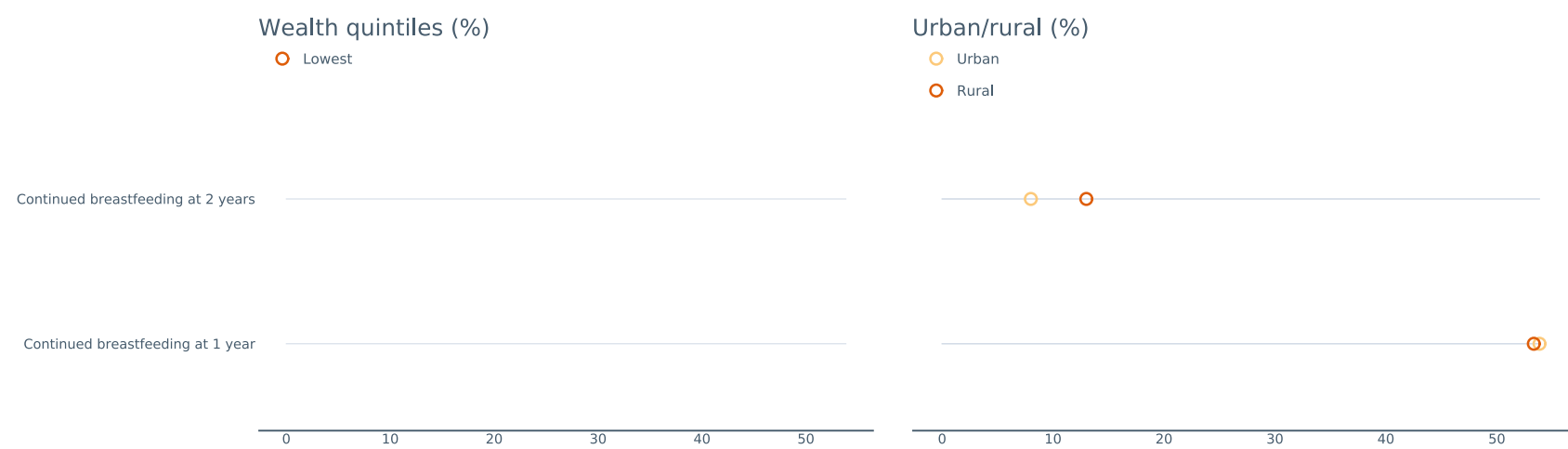
Introduction to solid, semi-solid or soft foods by income





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.

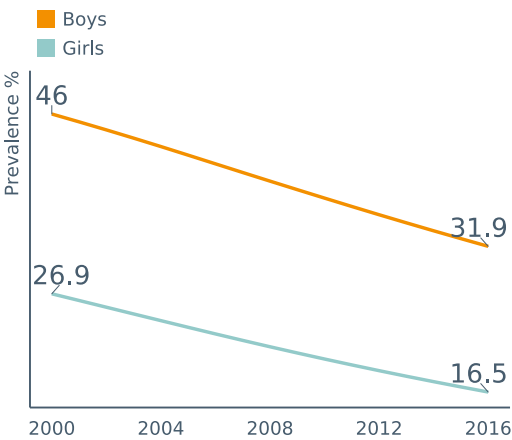
## Infant and young child feeding



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.

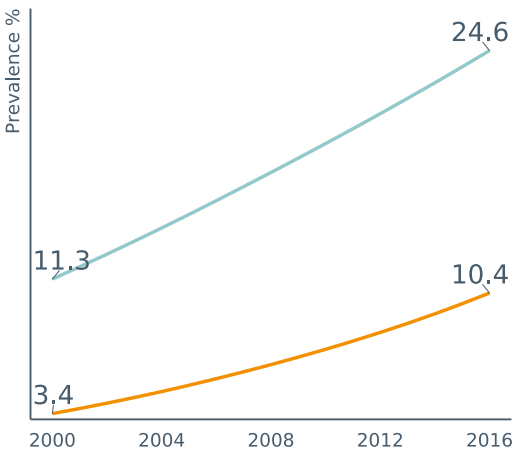
# Children and adolescent (aged 5-19) nutrition status

Ages 5-19 by gender:  
underweight (%)

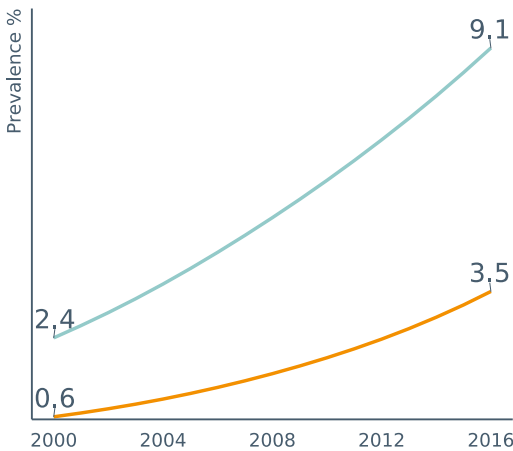


Sources: NCD Risk Factor  
Collaboration.

Ages 5-19 by gender:  
overweight (%)

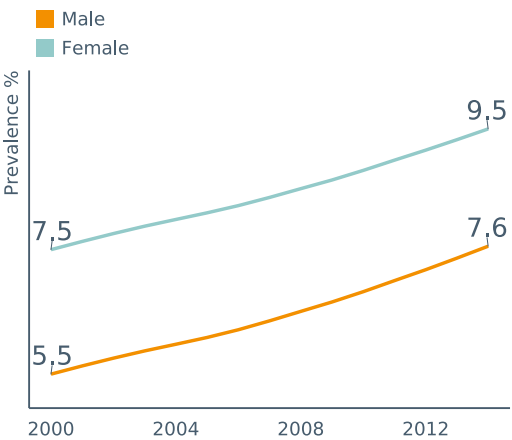


Ages 5-19 by gender:  
obesity (%)



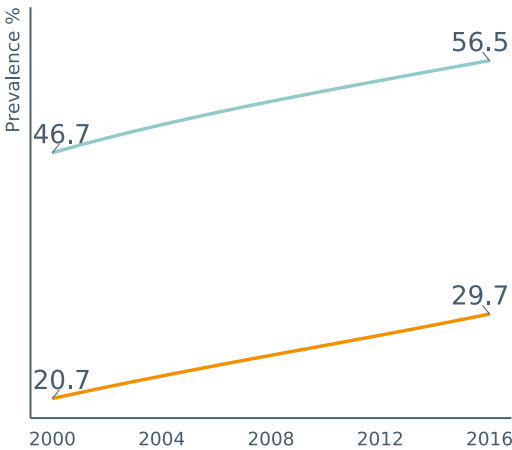
## Adult nutrition status

Adult by gender:  
diabetes (%)

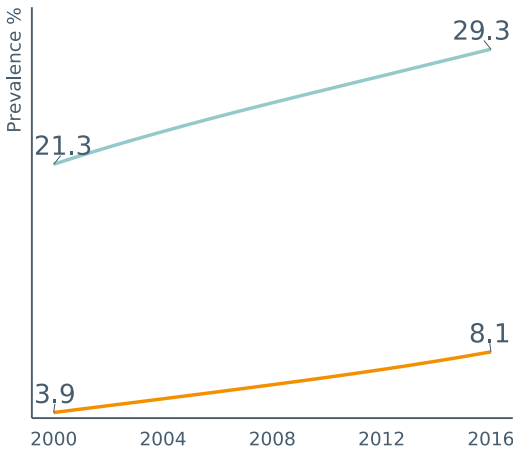


Sources: NCD Risk Factor  
Collaboration.

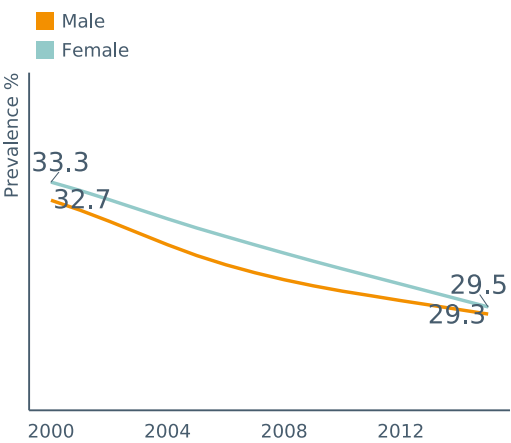
Adult by gender:  
overweight (%)



Adult by gender: obesity  
(%)

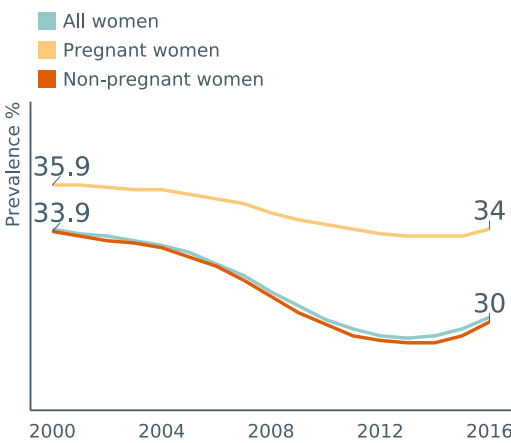


## Adult by gender: raised blood pressure (%)



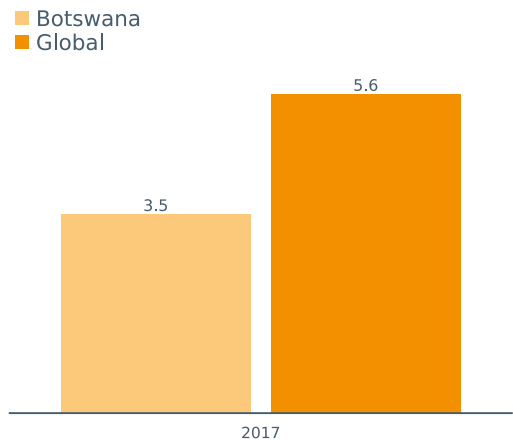
Sources: NCD Risk Factor Collaboration.

## Adult: anaemia in WRA (%)



Source: WHO Global Health Observatory.  
Notes: WRA = women of reproductive age.

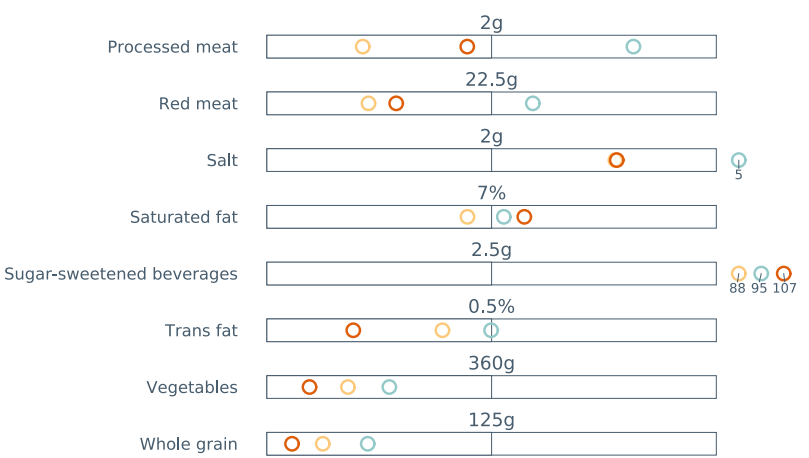
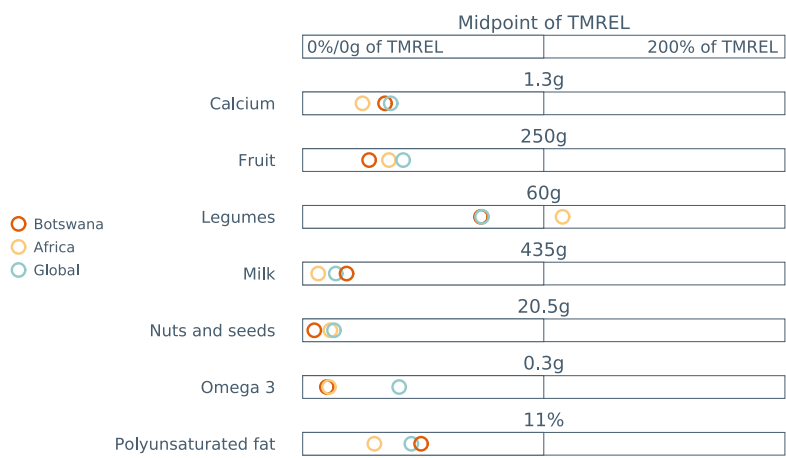
## Adult: sodium intake (grams per day)



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	NA	NA	NA	NA
Children 6-59 months who received A supplements in last 6 months	NA	NA	NA	NA



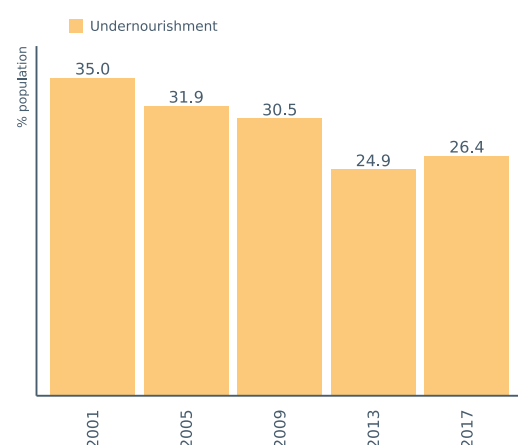
Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	NA			NA
Household consumption of any iodised salt	NA	NA	NA	NA

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.

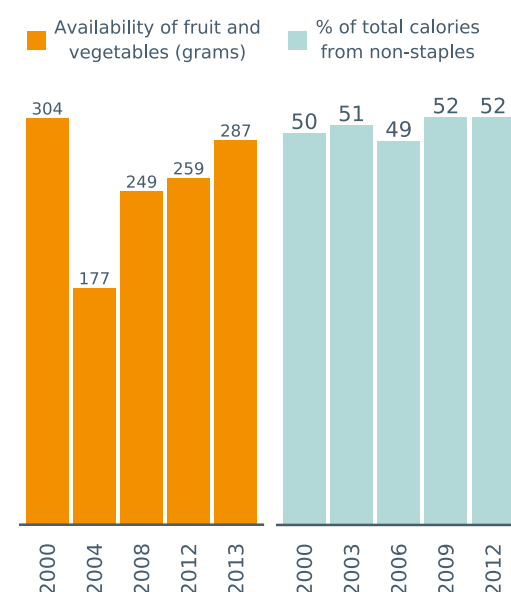
## Determinants

### Undernourishment (% population)



Source: FAOSTAT 2018.

### Food supply



Source: FAOSTAT 2018.

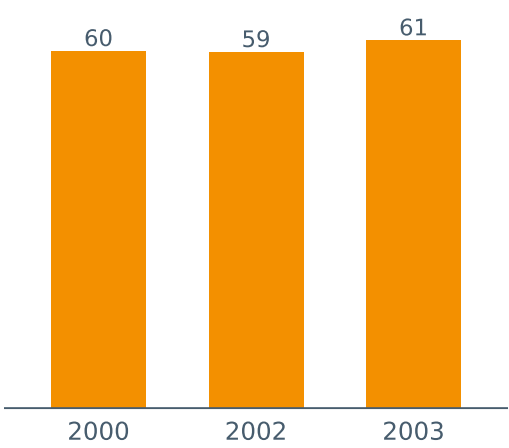
### Gender-related determinants

Early childbearing: births by age 18 (%) <sup>1</sup>	NA	NA
Gender Inequality Index (score <sup>*</sup> ) <sup>2</sup>	0.43	2017
Gender Inequality Index (country rank) <sup>2</sup>	98	2017

Sources: <sup>1</sup> UNICEF 2018; <sup>2</sup> UNDP 2018.

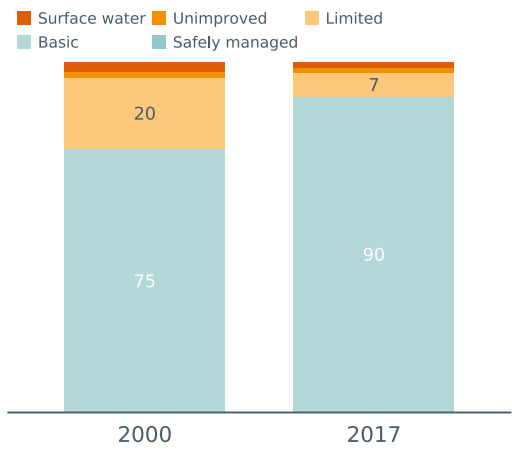
Notes: \* 0 = low inequality, 1 = high inequality.

# Female secondary education enrolment (net, % population)



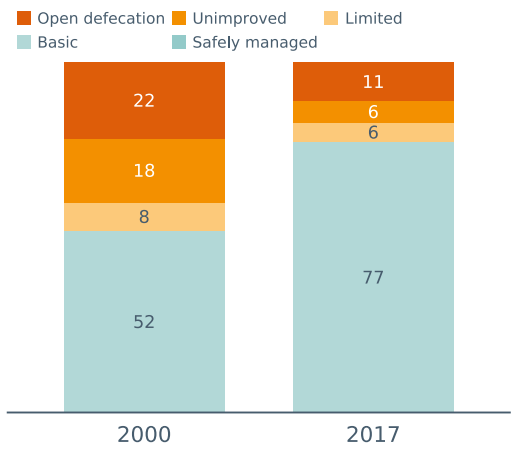
Source: UNESCO Institute for Statistics 2018.

# Drinking water coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

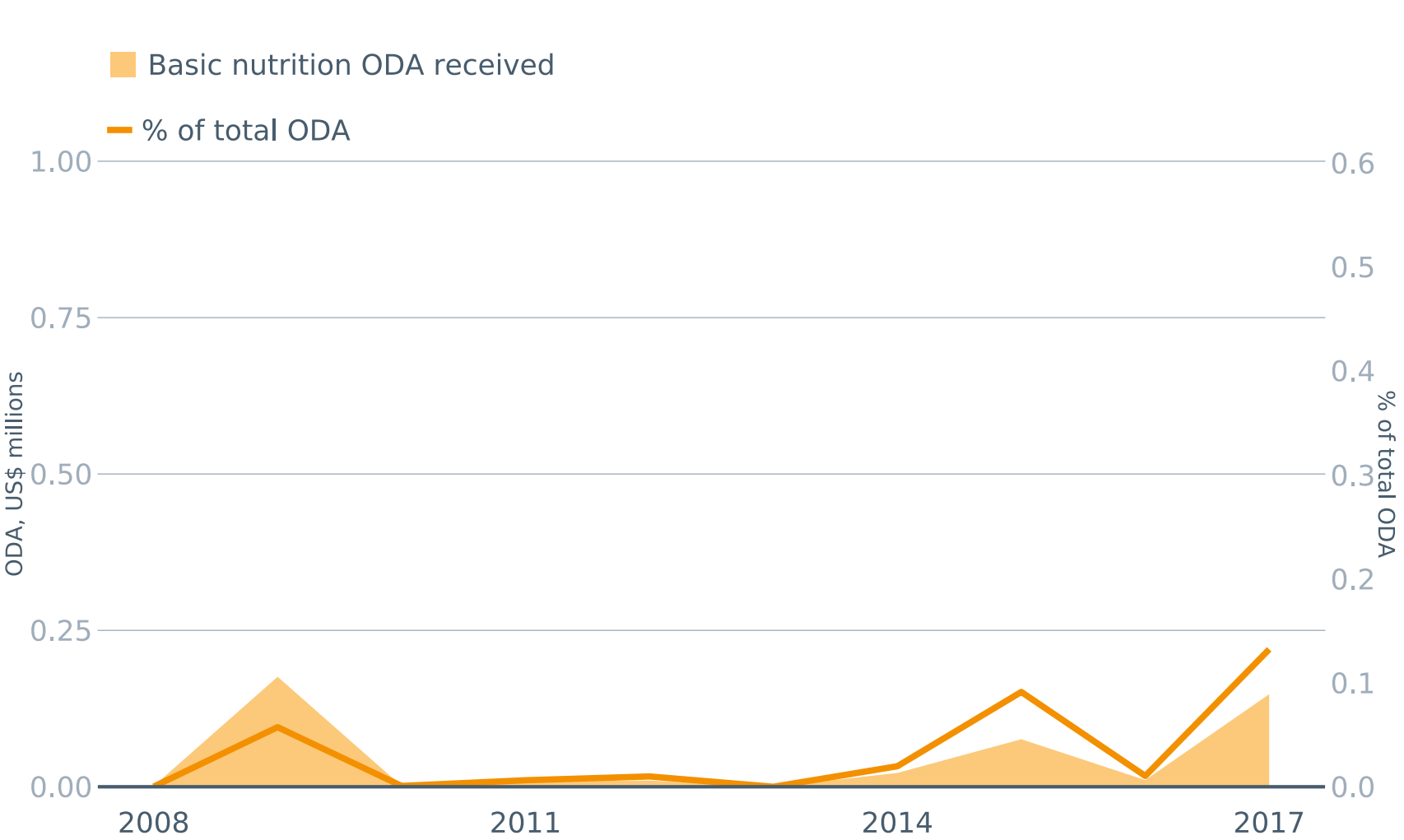
# Sanitation coverage (% population)



Source: WHO/UNICEF Joint Monitoring Programme 2019.

# Resources, policies and targets

## Development assistance



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 exlcudes other official flows and private grants.

## National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	NA
Policy to reduce salt consumption	Yes
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	No
Operational, multisectoral national NCD policy, strategy or action plan	No
Operational policy, strategy or action plan for diabetes	No
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: Add note: NA = not applicable; NCD = non-communicable disease.

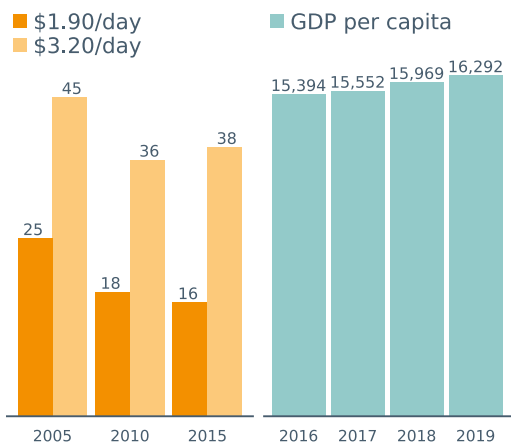
Targets included in national (nutrition or other) plan

Stunting	Anaemia
No	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
No	No
Salt intake	Overweight adults and adolescents
No	Yes
Multisectoral comprehensive nutrition plan	
No	

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

Economics and demography

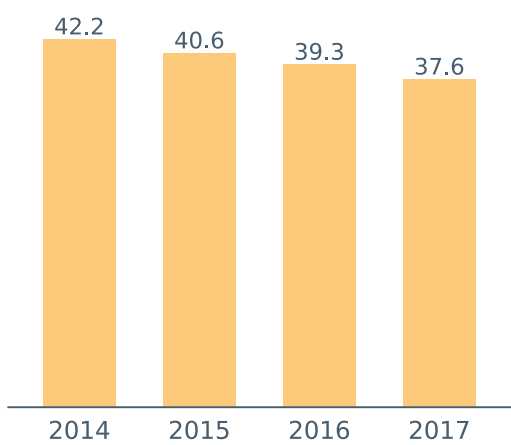
Poverty rates (%) and GDP (PPP\$)



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

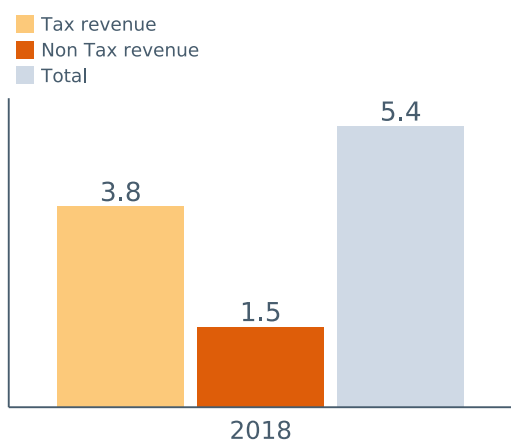
Notes: PPP = purchasing power parity.

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 <sup>1</sup>	Gini index rank <sup>2</sup>	Year
53	152	2015

Sources: World Bank 2019.

Notes: <sup>1</sup> 0 = perfect equality, 100 = perfect inequality.<sup>2</sup> Countries are ranked from most equal (1) to most unequal (120).

## Population

Population (000)	2,254,126	2018
Under-five population (000)	272	2019
Rural (%)	31	2018
>65 years (000)	101	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	0.38	2012
Nurses and midwives	2.73	2012
Community health workers	0.08	2009

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