Country overview

Malnutrition burden

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 6 months are exclusively breastfed, this is well below the South America average of 57.3%. Guyana's 2015 low birth weight prevalence of 15.6% has decreased slightly from 16.3% in 2000.

Guyana's adult population also face a malnutrition burden. 32.3% of women of reproductive age have anaemia, and 12.6% of adult women have diabetes, compared to 9.1% of men. Meanwhile, 27.1% of women and 12.7% of men have obesity.


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

Progress against global nutrition targets 2019

Under-five stunting On course
Low birthweight No progress or worsening
Adult male obesity No progress or worsening
WRA anaemia Some progress

Under-five wasting No progress or worsening
Exclusive breastfeeding No progress or worsening
Adult female diabetes No progress or worsening

Under-five overweight On course
Adult female obesity No progress or worsening
Adult male diabetes No progress or worsening


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**


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

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**Prevalence of under-five stunting**

**Stunting at subnational level**

**Stunting at 5km level**


Notes: 5 km level map shows prevalence at the 5 x 5-km resolution. Prevalence is the 2017 estimated prevalence, based on a model using a range of surveys between 1998-2018. See source paper for full methods.

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**Low birth weight**

No data

Child (under-five) nutrition status over time

Wasting by sex

Stunting by sex

Overweight by sex

Wasting by location

Stunting by location

Overweight by location

Wasting by income

Stunting by income

Overweight by income
Infant and young child feeding over time

Exclusive breastfeeding by sex

Continued breastfeeding at 1 year by sex

Minimum acceptable diet by sex

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

Exclusive breastfeeding by location

Continued breastfeeding at 1 year by location

Minimum acceptable diet by location

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

Exclusive breastfeeding by income

Continued breastfeeding at 1 year by income

Minimum acceptable diet by income

Intro. to solid, semi-solid, soft foods by income
Exclusive breastfeeding by mother’s education

Exclusive breastfeeding by age

Continued breastfeeding at 1 year by mother’s education

Continued breastfeeding at 1 year by age

Minimum acceptable diet by mother’s education

Minimum acceptable diet by age

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

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


Infant and young child feeding

Wealth quintiles (%)

Continued breastfeeding at 2 years

Continued breastfeeding at 1 year

Minimum acceptable diet

Minimum dietary diversity

Minimum meal frequency

Intro. to solid, semi-solid, soft foods

Exclusive breastfeeding

Early initiation

Urban/rural (%)

Urban

Rural

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Sources: NCD Risk Factor Collaboration.
Adult nutrition status

Diabetes by sex
Sources: NCD Risk Factor Collaboration.

Overweight by sex

Obesity by sex

Raised blood pressure by sex
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: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: TMREL = theoretical minimum risk of exposure level. Men and women aged 25 and older.

### Midpoint of TMREL

<table>
<thead>
<tr>
<th>Group</th>
<th>0-9% of TMREL</th>
<th>200% of TMREL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium</td>
<td>1.2g</td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td>250g</td>
<td></td>
</tr>
<tr>
<td>Legumes</td>
<td>60g</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>435g</td>
<td></td>
</tr>
<tr>
<td>Nuts and seeds</td>
<td>20.5g</td>
<td></td>
</tr>
<tr>
<td>Omega 3</td>
<td>0.3g</td>
<td></td>
</tr>
<tr>
<td>Polyunsaturated fat</td>
<td></td>
<td>11%</td>
</tr>
</tbody>
</table>

### Intervention coverage

<table>
<thead>
<tr>
<th>Coverage/practice indicator</th>
<th>Total (%)</th>
<th>Boy (%)</th>
<th>Girl (%)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-59 months with diarrhoea who received zinc treatment</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2009</td>
</tr>
<tr>
<td>Children 6-59 months who received vitamin A supplements in last 6 months</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td>Children 6-59 months given iron supplements in past 7 days</td>
<td>24</td>
<td>25</td>
<td>24</td>
<td>2009</td>
</tr>
<tr>
<td>Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care</td>
<td>83</td>
<td>NA</td>
<td>NA</td>
<td>2009</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>20</td>
<td>NA</td>
<td>NA</td>
<td>2009</td>
</tr>
</tbody>
</table>


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 (%): 16, 2014
- Gender Inequality Index (score): 0.5, 2017
- Gender Inequality Index (country rank): 122, 2017

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

Female secondary education enrolment (net, % population)


Drinking water coverage (% population)


Sanitation coverage (% population)

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 excludes other official flows and private grants.
<table>
<thead>
<tr>
<th>National policies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory legislation for salt iodisation</td>
<td>No</td>
</tr>
<tr>
<td>Sugar-sweetened beverage tax</td>
<td>No</td>
</tr>
<tr>
<td>Food-based dietary guidelines</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>No</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational, multisectoral national NCD policy, strategy or action plan</td>
<td>Yes</td>
</tr>
<tr>
<td>Operational policy, strategy or action plan for diabetes</td>
<td>Yes</td>
</tr>
<tr>
<td>Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt</td>
<td>No</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>No</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
## Targets included in national (nutrition or other) plan

<table>
<thead>
<tr>
<th>Target</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Yes</td>
</tr>
<tr>
<td>Anaemia</td>
<td>No</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Yes</td>
</tr>
<tr>
<td>Child overweight</td>
<td>No</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>No</td>
</tr>
<tr>
<td>Wasting</td>
<td>No</td>
</tr>
<tr>
<td>Salt intake</td>
<td>Yes</td>
</tr>
<tr>
<td>Overweight adults and adolescents</td>
<td>No</td>
</tr>
<tr>
<td>Multisectoral comprehensive nutrition plan</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Economics and demography

Poverty rates (%) and GDP (PPP$)

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

<table>
<thead>
<tr>
<th>Gini index score</th>
<th>Gini index rank</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
</tbody>
</table>

Sources: World Bank 2019.
Notes: 1 0 = perfect equality, 100 = perfect inequality. 2 Countries are ranked from most equal (1) to most unequal (159).

Population

<table>
<thead>
<tr>
<th>Population (thousands)</th>
<th>779</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five population (thousands)</td>
<td>75</td>
<td>2019</td>
</tr>
<tr>
<td>Rural (%)</td>
<td>73</td>
<td>2018</td>
</tr>
<tr>
<td>&gt;65 years (thousands)</td>
<td>53</td>
<td>2019</td>
</tr>
</tbody>
</table>

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.