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

Although it performs well against other countries, Singapore still experiences a malnutrition burden among its under-five population. As of 2000, the national prevalence of under-five overweight is 2.6%. The national prevalence of under-five stunting is 4.4%, which is significantly less than the global average of 21.9%. Singapore's under-five wasting prevalence of 3.6% is also less than the global average of 7.3%.

There is insufficient data on exclusive breastfeeding among infants. Singapore's 2015 low birth weight prevalence of 9.6% has decreased slightly from 9.8% in 2000.

Singapore's adult population also face a malnutrition burden. 22.2% of women of reproductive age have anaemia, and 9.4% of adult men have diabetes, compared to 6.5% of women. Meanwhile, 6.3% of women and 5.8% of men have obesity.


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

Progress against global nutrition targets 2019

Under-five stunting: No data
Under-five wasting: No data
Under-five overweight: No data
Low birthweight: No progress or worsening
Exclusive breastfeeding: No data
Adult female obesity: No progress or worsening
Adult male obesity: No progress or worsening
Adult female diabetes: On course
Adult male diabetes: On course
WRA anaemia: 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**

No data


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

**Low birth weight**

No data


---

### Prevalence of under-five stunting

**Stunting at subnational level**

No data


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.

**Stunting at 5km level**

No data
Child (under-five) nutrition status over time

Wasting by sex

- Boys
- Girls
- National

Stunting by sex

- Boys
- Girls
- National

Overweight by sex

- Boys
- Girls
- National

Wasting by location

- Urban
- Rural
- National

Stunting by location

- Urban
- Rural
- National

Overweight by location

- Urban
- Rural
- National

Wasting by income

- Lowest
- Second lowest
- Second highest
- Highest
- Middle
- National

Stunting by income

- Lowest
- Second lowest
- Second highest
- Highest
- Middle
- National

Overweight by income

- Lowest
- Second lowest
- Second highest
- Highest
- Middle
- National
Wasting by mother’s education

Stunting by mother’s education

Overweight by mother’s education

Wasting by age

Stunting by age

Overweight by age

## Infant and young child feeding over time

<table>
<thead>
<tr>
<th>Exclusive breastfeeding by sex</th>
<th>Continued breastfeeding at 1 year by sex</th>
<th>Minimum acceptable diet by sex</th>
<th>Intro. to solid, semi-solid, soft foods by sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>![](No data)</td>
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<td>![](No data)</td>
<td>![](No data)</td>
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<tr>
<td>Exclusive breastfeeding by mother’s education</td>
<td>Continued breastfeeding at 1 year by mother’s education</td>
<td>Minimum acceptable diet by mother’s education</td>
<td>Intro. to solid, semi-solid, soft foods by mother’s education</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td><img src="no-data.png" alt="No data" /></td>
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</tr>
</tbody>
</table>


---

### Infant and young child feeding

<table>
<thead>
<tr>
<th>No data</th>
<th>No data</th>
</tr>
</thead>
</table>

Child and adolescent (aged 5-19) nutrition status

Underweight by sex

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

Sodium intake (grams per day)

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

Obesity by sex

Anaemia in WRA

Source: WHO Global Health Observatory.

Notes: WRA = women of reproductive age.
Dietary needs

Consumption of food groups and components, 2016

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.

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>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</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>No data</td>
<td>No data</td>
<td>No data</td>
<td>No data</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>No data</td>
<td>NA</td>
<td>NA</td>
<td>No data</td>
</tr>
<tr>
<td>Household consumption of any iodised salt</td>
<td>No data</td>
<td>NA</td>
<td>NA</td>
<td>No data</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

No data

Source: FAOSTAT 2018.

### Food supply

No data  
No data

Source: FAOSTAT 2018.

### Gender-related determinants

<table>
<thead>
<tr>
<th>Early childbearing births by age 18 (%)(^1)</th>
<th>No data</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Inequality Index (score) (^2)</td>
<td>0.07</td>
<td>2017</td>
</tr>
<tr>
<td>Gender Inequality Index (country rank) (^2)</td>
<td>12</td>
<td>2017</td>
</tr>
</tbody>
</table>

Sources: \(^1\) UNICEF 2018; \(^2\) UNDP 2018.

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

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

![Female secondary education enrolment](image)


### Drinking water coverage (% population)

![Drinking water coverage](image)


### Sanitation coverage (% population)

![Sanitation coverage](image)

Resources, policies and targets

Development assistance

No data

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Status</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>No data</td>
</tr>
<tr>
<td>Policy to reduce salt consumption</td>
<td>Yes</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>No</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>Yes</td>
</tr>
<tr>
<td>Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats</td>
<td>Yes</td>
</tr>
</tbody>
</table>


Notes: NA = not applicable; NCD = non-communicable disease.
<table>
<thead>
<tr>
<th>Targets included in national (nutrition or other) plan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stunting</strong></td>
<td><strong>Anaemia</strong></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Low birth weight</strong></td>
<td><strong>Child overweight</strong></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Exclusive breastfeeding</strong></td>
<td><strong>Wasting</strong></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td><strong>Salt intake</strong></td>
<td><strong>Overweight adults and adolescents</strong></td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Multisectoral comprehensive nutrition plan</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></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 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>5,639</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-five population (thousands)</td>
<td>250</td>
<td>2019</td>
</tr>
<tr>
<td>Rural (%)</td>
<td>0</td>
<td>2018</td>
</tr>
<tr>
<td>&gt;65 years (thousands)</td>
<td>719</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

<table>
<thead>
<tr>
<th>Health workers</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>2.28</td>
</tr>
<tr>
<td>Nurses and midwives</td>
<td>7.12</td>
</tr>
<tr>
<td>Community health workers</td>
<td>0.5</td>
</tr>
</tbody>
</table>

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