Report card
Guatemala

Contents

Obesity prevalence ..... 2
Trend: % Adults living with obesity in Guatemala 1995-2017 ..... 4
Trend: % Adults living with overweight or obesity in Guatemala 1995-2017 ..... 5
Trend: % Adults living with obesity in selected countries in the Americas Region 1960-2018 ..... 6
Overweight/obesity by education ..... 8
Overweight/obesity by age ..... 10
Overweight/obesity by region ..... 12
Overweight/obesity by socio-economic group ..... 15
Insufficient physical activity ..... 16
Average daily frequency of carbonated soft drink consumption ..... 22
Estimated per-capita fruit intake ..... 23
Prevalence of less-than-daily fruit consumption ..... 24
Prevalence of less-than-daily vegetable consumption ..... 25
Average weekly frequency of fast food consumption ..... 26
Estimated per-capita processed meat intake ..... 27
Estimated per-capita whole grains intake ..... 28
Mental health - depression disorders ..... 29
Mental health - anxiety disorders ..... 30
Oesophageal cancer ..... 31
Breast cancer ..... 33
Colorectal cancer ..... 34
Pancreatic cancer ..... 36
Gallbladder cancer ..... 38
Kidney cancer ..... 40
Cancer of the uterus ..... 42
Raised blood pressure ..... 43
Raised cholesterol ..... 46
Raised fasting blood glucose ..... 49
Diabetes prevalence ..... 51
Health systems ..... 52
Obesity prevalence

Women, 2017

Survey type: Measured
Age: 15-49
Sample size: 1182
Area covered: National


Notes: Non-pregnant women

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
## Children, 2017

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>10-14</td>
</tr>
<tr>
<td>Sample size:</td>
<td>560</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
</tbody>
</table>

### References:

### Notes:
Small sample size.

### Cutoffs:
WHO 2007
% Adults living with obesity in Guatemala 1995-2017

Survey type: Measured
References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with overweight or obesity in Guatemala 1995-2017

Survey type: Measured

References: For full details of references visit https://data.worldobesity.org/

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
% Adults living with obesity in selected countries in the Americas Region 1960-2018

Men

References:
For full details of references visit https://data.worldobesity.org/

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Women

References: For full details of references visit https://data.worldobesity.org/

Different methodologies may have been used to collect this data and so data from different surveys may not be strictly comparable. Please check with original data sources for methodologies used.
Overweight/obesity by education

Women, 2014-2015

Survey type: Measured
Age: 15-49
Sample size: 23891
Area covered: National
References: Demographic Health Survey, Guatemala 2014-15
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59. Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Girls, 2014-2015

Survey type: Measured
Age: 15-19
Sample size: 1086
Area covered: National

Overweight/obesity by age

Women, 2014-2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 15-19</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>Age 20-29</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>50%</td>
<td>40%</td>
</tr>
</tbody>
</table>

Survey type: Measured
Sample size: 23891
Area covered: National
References: Demographic Health Survey, Guatemala 2014-15

Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Children, 2015

Survey type: Self-reported
Sample size: 4374
Area covered: National
References: Global School-based Student Health Survey, Guatemala, 2015 Fact Sheet
https://www.who.int/ncds/surveillance/gshs/gshs_fs_guatemala_2015.pdf (last accessed 28.09.20)
Cutoffs: WHO
Overweight/obesity by region

Women, 2014-2015

Survey type: Measured
Age: 15-49
Sample size: 23891
Area covered: National
References: Demographic Health Survey, Guatemala 2014-15
Notes: Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Boys, 2015

Survey type: Self-reported
Age: 13-17
Sample size: 4374
Area covered: National


Notes: WHO cut-offs used and based on Self-reported data.
Cutoffs: WHO
## Girls, 2015

<table>
<thead>
<tr>
<th>Survey type:</th>
<th>Self-reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>13-17</td>
</tr>
<tr>
<td>Sample size:</td>
<td>4374</td>
</tr>
<tr>
<td>Area covered:</td>
<td>National</td>
</tr>
</tbody>
</table>

### References:

### Notes:
WHO cut-offs used and based on Self-reported data.

### Cutoffs:
WHO
**Overweight/obesity by socio-economic group**

**Women, 2014-2015**

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Obesity</th>
<th>Overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st (lowest)</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>2nd</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>3rd</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>4th</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>5th (highest)</td>
<td>50</td>
<td>70</td>
</tr>
</tbody>
</table>

**Survey type:** Measured

**Age:** 15-49

**Sample size:** 23891

**Area covered:** National

**References:** Demographic Health Survey, Guatemala 2014-15

**Notes:**
Demographic Health Survey data includes ever married women aged 15-49 years only and may include males aged 15-59.

Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m², obesity refers to a BMI greater than 30kg/m².
Insufficient physical activity

Adults, 2016

Men, 2016

Children, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Boys, 2010

% insufficient physical activity

Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Age: 11-17


Notes: % of school going adolescents not meeting WHO recommendations on Physical Activity for Health, i.e. doing less than 60 minutes of moderate- to vigorous-intensity physical activity daily.

Definitions: % Adolescents insufficiently active (age standardised estimate)
Average daily frequency of carbonated soft drink consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17

Estimated per-capita fruit intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita fruit intake (g/day)
Prevalence of less-than-daily fruit consumption

Children, 2009-2015

Survey type: Measured
Age: 12-17


Definitions: Prevalence of less-than-daily fruit consumption (% less-than-daily fruit consumption)
## Prevalence of less-than-daily vegetable consumption

### Children, 2009-2015

<table>
<thead>
<tr>
<th>Country</th>
<th>% &lt; daily consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suriname</td>
<td>40%</td>
</tr>
<tr>
<td>Chile</td>
<td>35%</td>
</tr>
<tr>
<td>Guyana</td>
<td>30%</td>
</tr>
<tr>
<td>Bolivia</td>
<td>25%</td>
</tr>
<tr>
<td>Guatemala</td>
<td>25%</td>
</tr>
<tr>
<td>Peru</td>
<td>25%</td>
</tr>
<tr>
<td>Uruguay</td>
<td>25%</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>25%</td>
</tr>
<tr>
<td>Antigua &amp; Barbuda</td>
<td>25%</td>
</tr>
<tr>
<td>Argentina</td>
<td>25%</td>
</tr>
<tr>
<td>Dominica</td>
<td>25%</td>
</tr>
<tr>
<td>Honduras</td>
<td>25%</td>
</tr>
<tr>
<td>El Salvador</td>
<td>25%</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>25%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>25%</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>25%</td>
</tr>
<tr>
<td>Bahamas</td>
<td>35%</td>
</tr>
<tr>
<td>Argentina</td>
<td>25%</td>
</tr>
<tr>
<td>Dominica</td>
<td>25%</td>
</tr>
<tr>
<td>Honduras</td>
<td>25%</td>
</tr>
<tr>
<td>El Salvador</td>
<td>25%</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>25%</td>
</tr>
<tr>
<td>Jamaica</td>
<td>25%</td>
</tr>
<tr>
<td>St Kitts &amp; Nevis</td>
<td>25%</td>
</tr>
<tr>
<td>Bahamas</td>
<td>35%</td>
</tr>
</tbody>
</table>

### Survey type: Measured

### Age: 12-17

### References:

### Definitions:
Prevalence of less-than-daily vegetable consumption (% less-than-daily vegetable consumption)
Average weekly frequency of fast food consumption

Children, 2009-2015

Age: 12-17

Estimated per-capita processed meat intake

Adults, 2017

Survey type: Measured

Age: 25+

References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]

Definitions: Estimated per-capita processed meat intake (g per day)
Estimated per-capita whole grains intake

Adults, 2017

Survey type: Measured
Age: 25+
References: Global Burden of Disease, the Institute for Health Metrics and Evaluation [http://ghdx.healthdata.org/]
Definitions: Estimated per-capita whole grains intake (g/day)
Mental health - depression disorders

Adults, 2015


Definitions: % of population with depression disorders
Mental health - anxiety disorders

Adults, 2015


Definitions: % of population with anxiety disorders
Oesophageal cancer

Men, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, oesophagus, adults ages 20+. ASR (World) per 100,000
Breast cancer

Women, 2018

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, breast, females, ages 20+. ASR (World) per 100,000
## Colorectal cancer

### Men, 2018

<table>
<thead>
<tr>
<th>Country</th>
<th>Incidence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guyana</td>
<td>10</td>
</tr>
<tr>
<td>Guatemala</td>
<td>10</td>
</tr>
<tr>
<td>El Salvador</td>
<td>10</td>
</tr>
<tr>
<td>Honduras</td>
<td>10</td>
</tr>
<tr>
<td>Belize</td>
<td>10</td>
</tr>
<tr>
<td>Haiti</td>
<td>10</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>10</td>
</tr>
<tr>
<td>Ecuador</td>
<td>10</td>
</tr>
<tr>
<td>Mexico</td>
<td>10</td>
</tr>
<tr>
<td>St Lucia</td>
<td>10</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>10</td>
</tr>
<tr>
<td>Peru</td>
<td>10</td>
</tr>
<tr>
<td>Venezuela</td>
<td>10</td>
</tr>
<tr>
<td>Paraguay</td>
<td>10</td>
</tr>
<tr>
<td>Cuba</td>
<td>10</td>
</tr>
<tr>
<td>Colombia</td>
<td>10</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>10</td>
</tr>
<tr>
<td>Panama</td>
<td>10</td>
</tr>
<tr>
<td>Suriname</td>
<td>10</td>
</tr>
<tr>
<td>Brazil</td>
<td>10</td>
</tr>
<tr>
<td>Jamaica</td>
<td>10</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>10</td>
</tr>
<tr>
<td>Chile</td>
<td>10</td>
</tr>
<tr>
<td>Bahamas</td>
<td>10</td>
</tr>
<tr>
<td>United States</td>
<td>10</td>
</tr>
<tr>
<td>Argentina</td>
<td>10</td>
</tr>
<tr>
<td>Canada</td>
<td>10</td>
</tr>
<tr>
<td>Uruguay</td>
<td>10</td>
</tr>
<tr>
<td>Barbados</td>
<td>10</td>
</tr>
</tbody>
</table>

**Age:**

20+

**References:**


**Definitions:**

Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, colorectum, adults, ages 20+. ASR (World) per 100,000
Pancreatic cancer

Men, 2018

---

References:

Definitions:
Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, pancreas, adults, ages 20+. ASR (World) per 100,000
Gallbladder cancer

Men, 2018

Incidence per 100,000


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Age: 20+


Definitions: Estimated age-standardized incidence rates (World) in 2018, gallbladder, adults, ages 20+. ASR (World) per 100,000
Kidney cancer

Men, 2018

Age:


Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Women, 2018

Incidence per 100,000

Age: 20+

References: Global Cancer Observatory, Cancer incidence rates http://gco.iarc.fr/ (last accessed 30th June 2020)

Definitions: Estimated age-standardized incidence rates (World) in 2018, kidney, adults, ages 20+. ASR (World) per 100,000
Cancer of the uterus

Women, 2018


Definitions: Estimated age-standardized incidence rates (World) in 2018, cervix uteri, females, ages 20+. ASR (World) per 100,000
Raised blood pressure

Adults, 2015

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A875?lang=en

Definitions:
Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Men, 2015


Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).

Definitions: Age Standardised estimated % Raised blood pressure 2015 (SBP>=140 OR DBP>=90).
Raised cholesterol

Adults, 2008

References:

Definitions:
% Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).
Men, 2008


Definitions: % Raised total cholesterol (>= 5.0 mmol/L) (age-standardized estimate).

Definitions: % Raised total cholesterol (≥ 5.0 mmol/L) (age-standardized estimate).
Raised fasting blood glucose

Men, 2014-2019


Definitions: Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Women, 2014-2019

References:
Global Health Observatory data repository, World Health Organisation,
http://apps.who.int/gho/data/node.main.A869?lang=en

Definitions:
Age Standardised % raised fasting blood glucose (>= 7.0 mmol/L or on medication).
Diabetes prevalence

Adults, 2017


Definitions: Diabetes age-adjusted comparative prevalence (%).
Health systems

Economic classification: Upper Middle Income

Health systems summary

Access to healthcare in Guatemala is guaranteed under the Guatemalan constitution. Care is provided free at point of service in the public sector, but it is widely recognised that there are numerous barriers to care in practice, particularly for the indigenous Mayan population and those in rural areas. Care is increasingly being outsourced to private companies, meaning that some services are only available privately and at cost to individuals. It appears that much of these challenges can be attributed to limited funding for the public system, with healthcare spending (as a share of GDP) one of the lowest in Central America. Out of pocket expenditure currently constitutes 50% of healthcare expenditure and there are low levels of private insurance coverage. The Guatemalan Institute for Social Security provides insurance for formal sector workers.

Guatemala’s health system currently spends much of its resources on treatment rather than prevention. Major health challenges in Guatemala include high rates of malnutrition and maternal and infant mortality.

Indicators

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is the country’s government in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Where is the country’s healthcare provider in the journey towards defining ‘Obesity as a disease’?</td>
<td>No</td>
</tr>
<tr>
<td>Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?</td>
<td>No</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?</td>
<td>Some progress</td>
</tr>
<tr>
<td>Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?</td>
<td>No</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for adults?</td>
<td>Not known</td>
</tr>
<tr>
<td>Are there any obesity-specific recommendations or guidelines published for children?</td>
<td>Not known</td>
</tr>
<tr>
<td>In practice, how is obesity treatment largely funded?</td>
<td>Out of pocket</td>
</tr>
</tbody>
</table>
Perceived barriers to treatment

- Lack of political will, interest and action
- Food cost and availability
- Poor health literacy and behaviour
- Lack of training
- Influence of food industry
- Social determinants of health
- Cultural norms/traditions

Summary of stakeholder feedback

Malnutrition remains a major challenge in Guatemala. While obesity is a form of malnutrition, in Guatemala, undernutrition rather than overnutrition is perceived to be the greater and more important challenge. As a result, stakeholders reported that obesity is not yet considered to be a disease or a priority, and so there are limited to no policies and resources in place concerning it. Obesity in Guatemala is generally only present in the urban areas, while undernutrition is the main challenge in rural areas.

Most stakeholders felt that healthcare providers and professionals considered and treated obesity as a risk factor rather than a disease. Similarly, it was reported that insurers felt that obesity treatment (particularly seeing a nutritionist and bariatric surgery) was a cosmetic concern rather than a medical one. Due to this lack of prioritisation of obesity, obesity treatment is typically only given in the presence of comorbidities and is limited in the public sector. Most obesity care in Guatemala is thus delivered privately, at great expense to the individual.

There appears to be no specialist obesity training available in Guatemala that allows health professionals to become an obesity specialist. There is, however, some limited obesity training available to nutritionists and endocrinologists.

*Based on interviews/survey returns from 6 stakeholders*

Last updated: June 2020