



OVERVIEW

OBESITY GAP

MALNUTRITION  
HOTSPOTS

NUTRITION AGE  
DIVIDE

NUTRITION  
TIMELINE

BRAZIL vs  
CHINA:  
NUTRITION GAP

BALANCED  
NUTRITION  
STRATEGY

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

Total Countries

210

Avg Obesity

12.76

Avg Malnutrition

5.33

Entry Count

2.52K

# Nutrition Paradox – A Global View

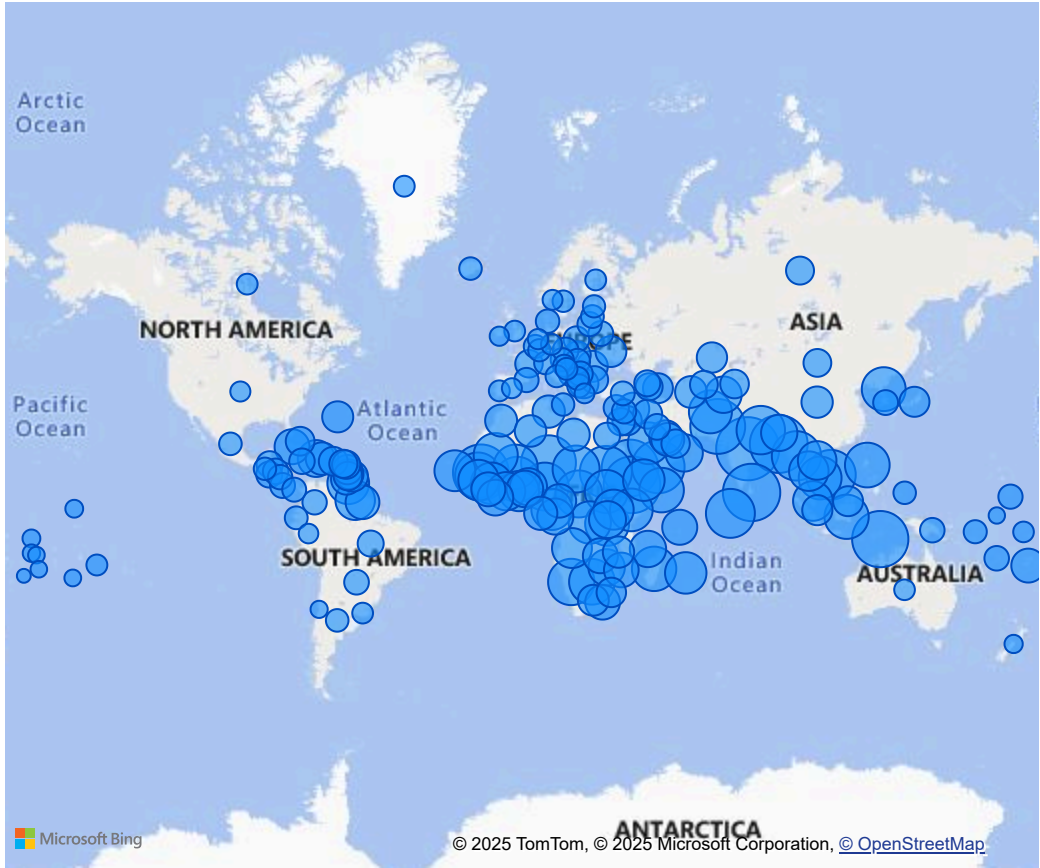
Country

All

Filter Clear

PROJECT BY : GUVI  
DEVEPLED BY : ARUN KUMAR

Sum of Mean\_Estimate by Country



# Regional Differences in Obesity Rates

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## OBESITY GAP

## MALNUTRITION HOTSPOTS

## NUTRITION AGE DIVIDE

## NUTRITION TIMELINE

## BRAZIL vs CHINA: NUTRITION GAP

## BALANCED NUTRITION STRATEGY



### Significant regional variation in obesity prevalence

Obesity rates differ markedly between global regions, highlighting disparities in health challenges.



### Western Pacific reports some of the highest obesity rates globally

Countries within the Western Pacific region experience elevated prevalence of obesity compared to other regions.

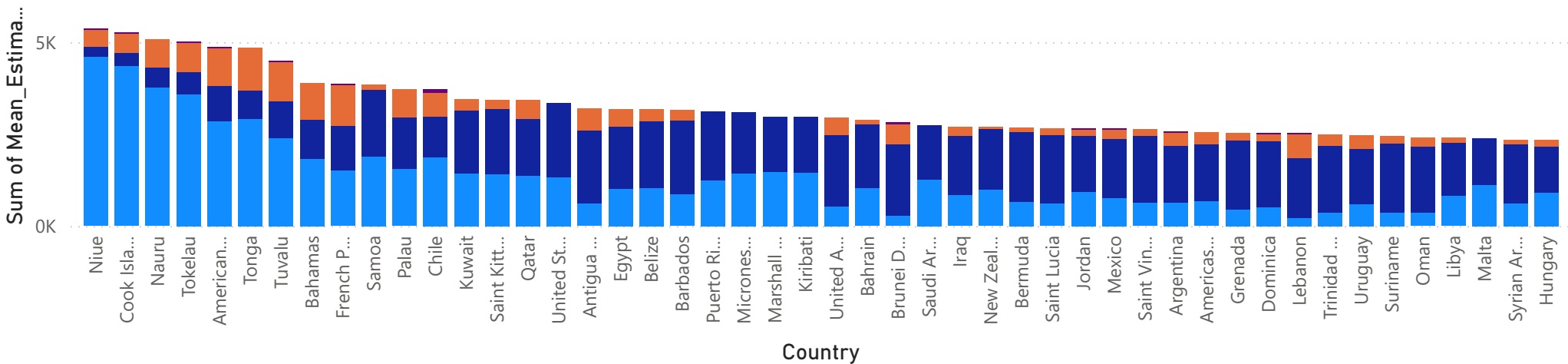


### Americas region shows the highest obesity rates globally

The Americas have some of the most significant obesity challenges worldwide, indicating urgent public health concerns.

Sum of Mean\_Estimate by Country and obesity\_level

obesity\_level ● High ● Low ● Moderate ● Unknown



# Country-Specific Examples of Malnutrition

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Certain countries face particularly high child malnutrition rates.

India and Eritrea are examples of countries with significant undernutrition among children.



India is a key example of persistent child undernutrition.

High rates of child malnutrition highlight ongoing nutritional challenges in India.



Eritrea exemplifies severe child malnutrition issues.

Undernutrition remains a critical health concern among children in Eritrea.

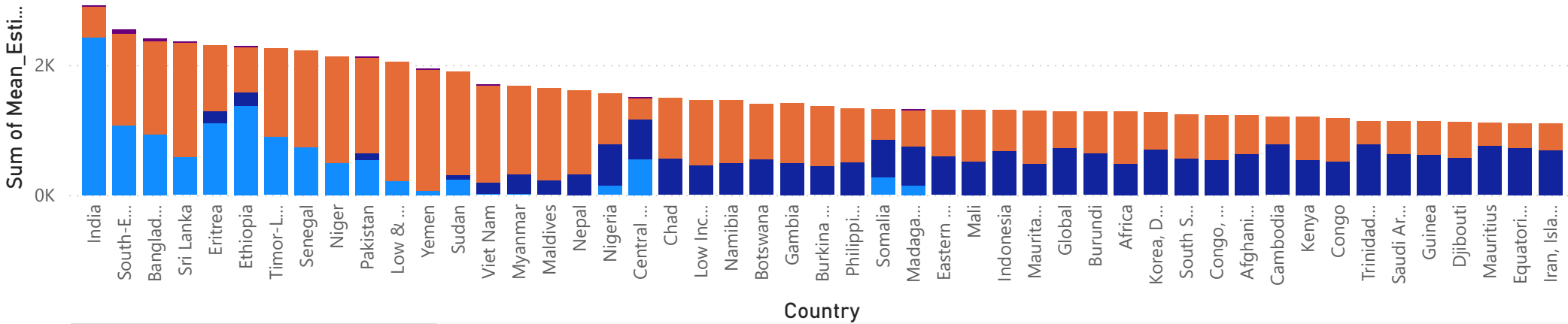


These countries illustrate the global challenge of child undernutrition.

Persistent malnutrition in specific countries underscores the need for targeted health policies.

Sum of Mean\_Estimate by Country and malnutrition\_level

malnutrition\_level ● High ● Low ● Moderate ● Unknown



# Age Gap in Obesity and Malnutrition

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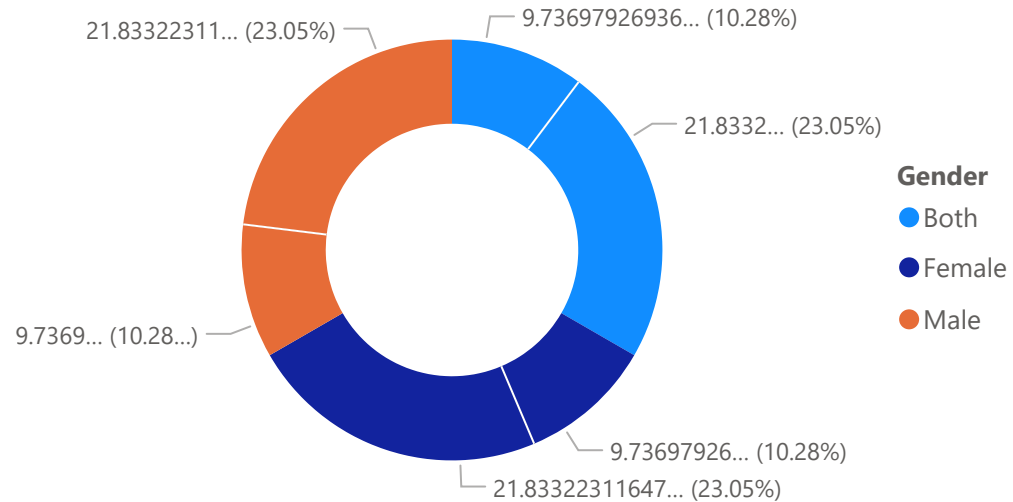
## NUTRITION AGE DIVIDE

## NUTRITION TIMELINE

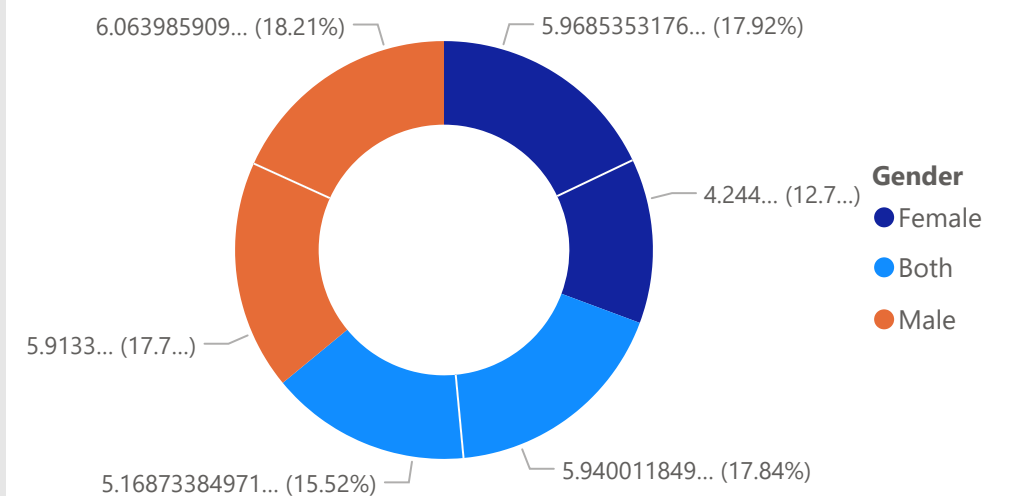
## BRAZIL vs CHINA: NUTRITION GAP

## BALANCED NUTRITION STRATEGY

Child\_Obesity\_Rate and Adult\_Obesity\_Rate by Gender



Adult\_malnutrition\_Rate and Child\_malnutrition\_Rate by Gender



**Adults**  
Adults have a higher obesity prevalence at **21.8%**

**Vs**

**Children**  
▪ Children show a lower obesity prevalence at **9.7%**  
▪ Malnutrition disproportionately affects children, accounting for **53.5%** of total malnutrition cases

### Women

1. Women exhibit higher **obesity** rates compared to men

### Men

1. Men have slightly higher **malnutrition** rates than women

# Trends Over Time in Malnutrition and Obesity

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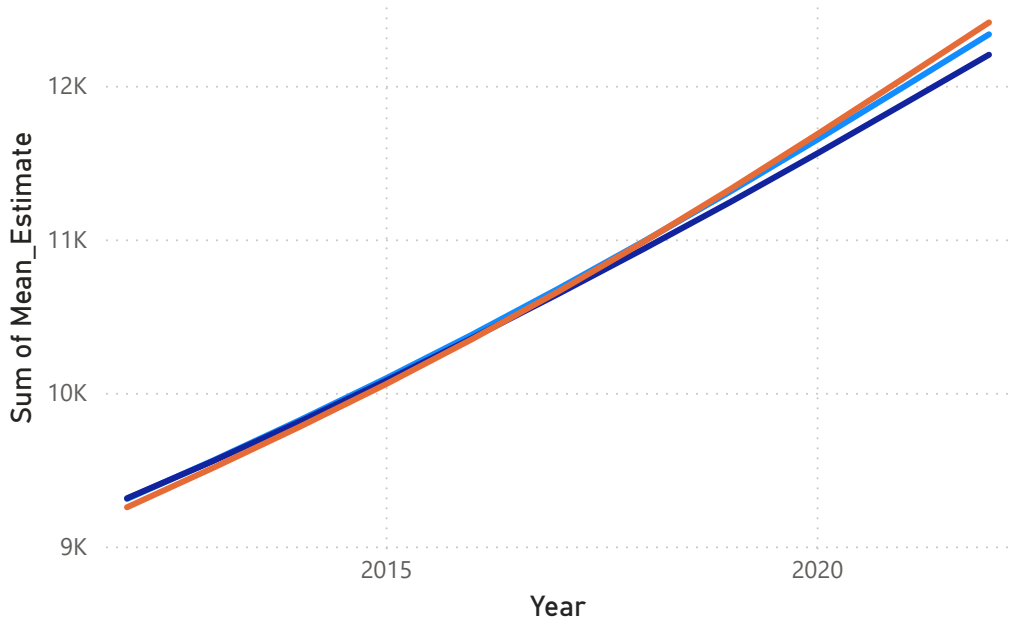
BRAZIL vs  
CHINA:  
NUTRITION GAP

BALANCED  
NUTRITION  
STRATEGY

## Obesity

Sum of Mean\_Estimate by Year and Gender

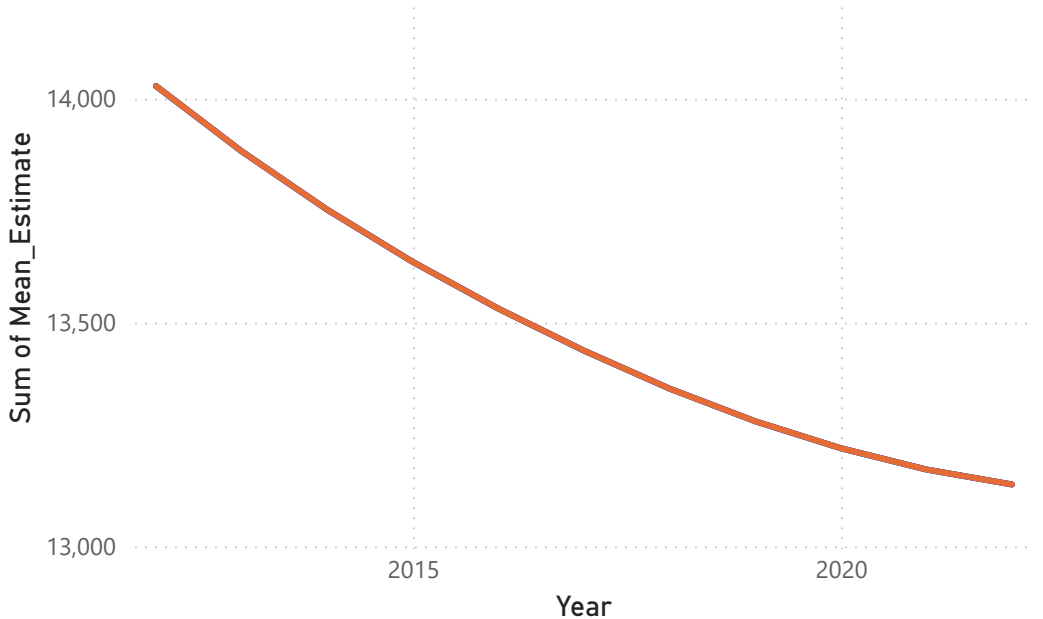
Gender ● Both ● Female ● Male



## Malnutrition

Sum of Mean\_Estimate by Year and Gender

Gender ● Both ● Female ● Male



### Malnutrition Trends

Malnutrition rates are declining slowly across many regions

Vs

### Obesity Trends

- Obesity rates are rising in multiple regions
- Shifts highlight changing global nutritional challenges

# Contrasts Between Countries: Brazil and China

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NUTRITION  
STRATEGY

Country

All



## Brazil

Brazil exhibits **obesity rates** far higher than **malnutrition rates**

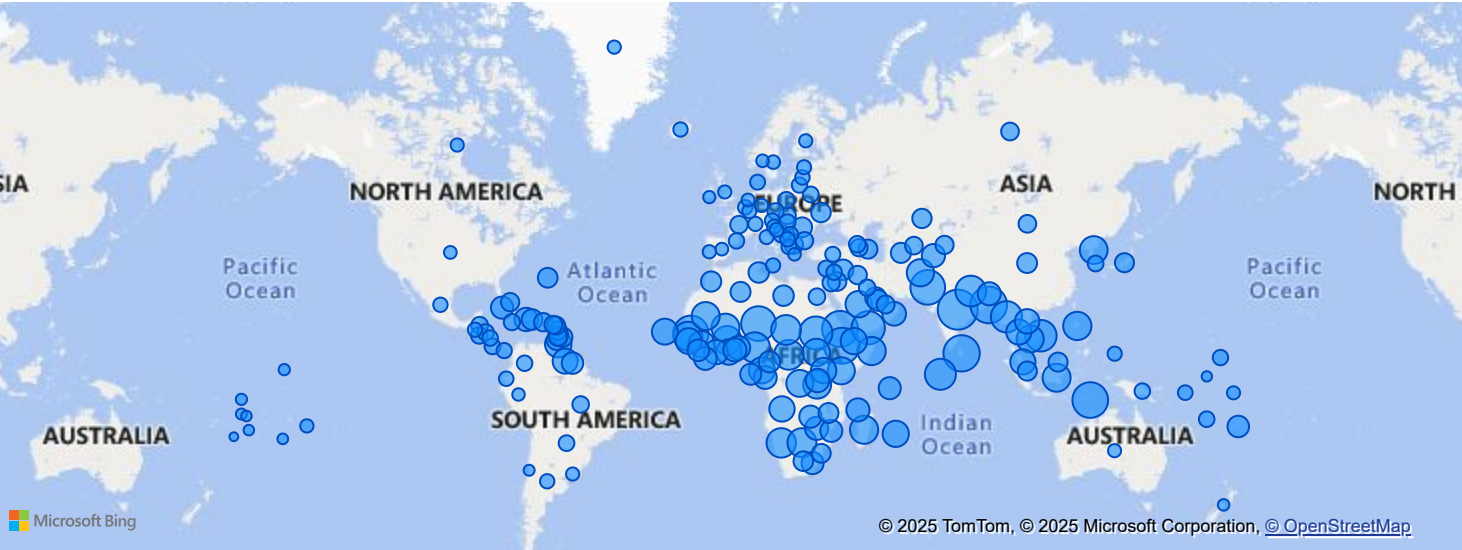


## China

China faces both **obesity** and **malnutrition** challenges concurrently

| Country     | Year | age_group | Gender | Sum of Mean_Estimate | Sum of CI_Width | obesity_level | malnutrition_ |
|-------------|------|-----------|--------|----------------------|-----------------|---------------|---------------|
| Afghanistan | 2012 | Adult     | Both   | 45.38                | 36.41           | Low           | Moderate      |
| Afghanistan | 2012 | Child     | Both   | 45.38                | 36.41           | Low           | Moderate      |
| Afghanistan | 2012 | Adult     | Female | 21.56                | 19.09           | Low           | Low           |
| Afghanistan | 2012 | Child     | Female | 21.56                | 19.09           | Low           | Low           |
| Afghanistan | 2012 | Adult     | Female | 12.10                | 5.78            | Low           | Moderate      |
| Afghanistan | 2012 | Child     | Female | 12.10                | 5.78            | Low           | Moderate      |
| Afghanistan | 2012 | Adult     | Male   | 56.51                | 66.68           | Low           | Moderate      |
| Afghanistan | 2012 | Child     | Male   | 56.51                | 66.68           | Low           | Moderate      |
| Africa      | 2012 | Adult     | Both   | 16.65                | 3.59            | Low           | Low           |
| Africa      | 2012 | Child     | Both   | 16.65                | 3.59            | Low           | Low           |
| Africa      | 2012 | Adult     | Both   | 23.30                | 2.52            | Low           | Moderate      |
| Africa      | 2012 | Child     | Both   | 23.30                | 2.52            | Low           | Moderate      |
| Total       |      |           |        | 148,425.39           | 131,692.04      |               |               |

Sum of Mean\_Estimate by Country





# Key Insight: Addressing Both Challenges Together

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## BALANCED NUTRITION STRATEGY

### ➔ Integrated strategies are needed:

- Promote **balanced diets** with adequate calories and nutrients.
- Improve **food access** for vulnerable populations.
- Encourage **healthy lifestyles** through education and community programs.

### ➔ Coordinated action can reduce **both short-term risks** (from undernutrition) and **long-term diseases** (from overnutrition).

Implement integrated strategies for sustainable global nutrition improvements



**Tackling one nutritional challenge does not automatically solve the other**

Addressing overnutrition or undernutrition independently fails to resolve the broader nutrition paradox.



**Integrated approaches are essential**

Combining strategies is necessary to effectively confront the coexistence of obesity and malnutrition.