

4. OVERWEIGHT AND OBESE ADULTS

Overweight and obesity are major public health concerns as the global epidemic has far-reaching consequences for individuals, society and the economy. Obesity is an established risk factor for numerous health conditions, including hypertension, high cholesterol, diabetes, cardiovascular disease, respiratory problems, skeletal diseases and some forms of cancer, and mortality also increases progressively once the overweight threshold is crossed. Therefore, obesity and overweight reduces life expectancy, increases health care costs, decreases workers' productivity and lowers countries' GDP (OECD, 2019[18]). Worldwide, 39% of men and 39% of women in 2016 were overweight, and 11% of men and 15% of women were obese. Thus, nearly 2 billion adults worldwide were overweight and, of these, more than half a billion were obese. Forty-one million children under the age of five were overweight or obese in 2016; while over 340 million children and adolescents aged 5-19 were overweight or obese. Both overweight and obesity have shown a marked increase over the last four decades (WHO, 2018[19]).

In OECD countries, 63% of men and 52% of women are overweight (pre-obesity + obesity). In LAC countries, 61% of women are overweight (Figure 4.15). In Mexico and Chile over 75% of their female population is overweight, while the lowest rates are observed in Paraguay and Trinidad and Tobago with less than 55%. Similarly, 53% of men in LAC countries are overweight. Chile leads the region with 74% of its male population being overweight followed by Mexico (70%) and Argentina (66%). Saint Lucia and Trinidad and Tobago are below 40% with the lowest rate in the region.

Women's overweight population increased in all LAC countries between 2010 and 2016 but the average growth rate was more than half below the average increase in OECD countries (6% vs 13%). Haiti and Trinidad and Tobago show the largest increases of 10% each (Figure 4.16), while the lowest growth was registered in Venezuela (3%) followed by Chile, Uruguay and Bahamas (4%). Among men, the LAC region increased by 9% while in the OECD was close to 16%. The largest increase happened in Haiti (17%) followed by Dominica (13%), Jamaica (12%) and Guyana (12%), whereas Venezuela and Argentina have the lowest rate of increase below 6%.

In LAC countries, obesity is higher among women (29%) than men (18%) (Figure 4.15). Among women, Bahamas and Dominica have over 35% of obese female population, while Paraguay, Peru and Ecuador are below 25%. The largest increase in women's obesity between 2010 and 2016 occurred in Haiti (22%) and Trinidad and Tobago (20%), whereas the smallest growth was in Venezuela and Bahamas (8%) (Figure 4.17). Among men, Argentina has the highest obesity rate (27%) followed by Chile and Uruguay (25%), while Trinidad and Tobago (11%), Antigua and Barbuda (12%) and Saint Lucia (12%) stands in the other end (Figure 4.15). Haiti again

leads growth the increase with 39% increase followed by Dominican Republic and Guyana (30%). Venezuela and Argentina show the lowest increase of 13% (Figure 4.17).

Social determinants of health such as poverty, inadequate water and sanitation, and inequitable access to education and health services underlie malnutrition. A key driver of the increasing obesity epidemic is a changing food environment, in which nutrient poor and energy dense processed foods are aggressively marketed, readily available and often cheaper than healthier alternatives. Countries such as Mexico, Chile, Peru, Uruguay and Ecuador, have managed to develop some policies related to taxing sugar sweetened beverages and front-of-package labelling, along with regulating food advertising to children. These efforts can be complemented with policies such as menu labelling, workplace anti-sedentary interventions and mass media campaigns, as not only they are effective but also have a positive return on investment (OECD, 2019[18]).

Definition and comparability

The most frequently used measure of underweight, overweight and obesity for adults is the Body Mass Index (BMI). This is a single number that evaluates an individual's weight in relation to height, and is defined as weight in kilograms divided by the square of height in metres.

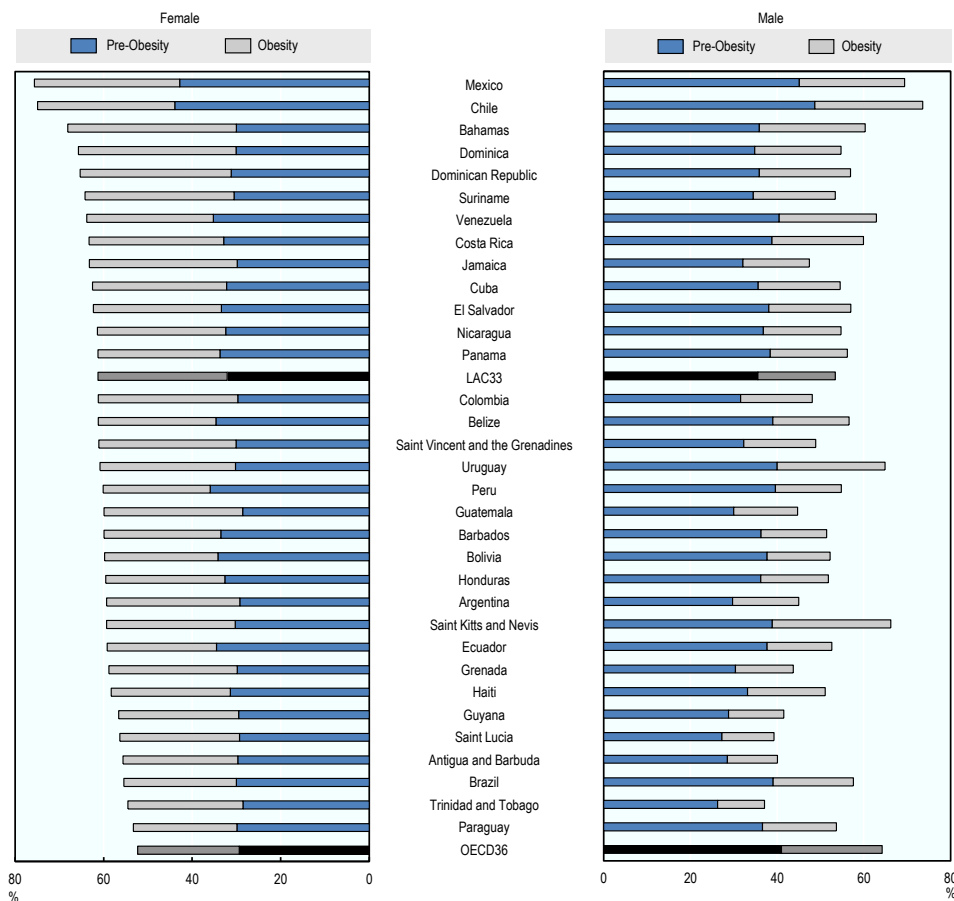
Based on the WHO classification, adults with a BMI below 18.5 are considered to be underweight/thinness and 25 or over are overweight. Adults who have BMI between 20 and 30 are considered to have pre-obesity. A BMI 30 or over are defined as obese.

In many countries, self-reported estimates of height and weight are collected through population-based health surveys while other countries actually take measurements amongst the population. These differences limit data comparability. BMI estimates from health examinations are more reliable, and generally result in higher values than those from self-reported surveys.

References

- [18] OECD (2019), *The Heavy Burden of Obesity: The Economics of Prevention*, OECD Health Policy Studies, OECD Publishing, Paris, <https://dx.doi.org/10.1787/67450d67-en>.
- [19] WHO (2018), *Obesity and overweight*, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>.

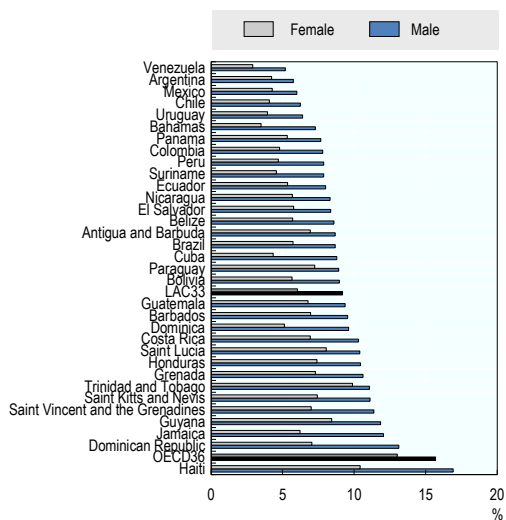
Figure 4.15. Adults who are overweight or obese, 2016



Note: OECD and LAC average includes both measured and self-reported data.
 Source: WHO GHO, 2018; OECD Health Statistics 2019 for Mexico, Chile, Colombia, Brazil and Costa Rica.

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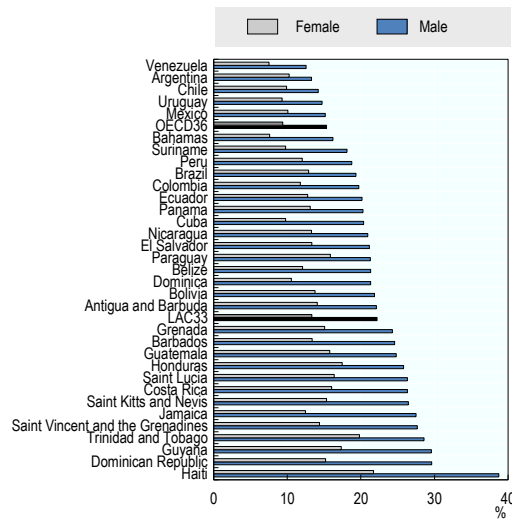
Figure 4.16. Change in overweight prevalence, 2010-16



Note: OECD and LAC average includes both measured and self-reported data.
 Source: WHO GHO, 2018; OECD Health Statistics 2019 for Mexico, Chile, Colombia, Brazil and Costa Rica.

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Figure 4.17. Change in obesity prevalence, 2010-16



Note: OECD and LAC average includes both measured and self-reported data.
 Source: WHO GHO, 2018; OECD Health Statistics 2019 for Mexico, Chile, Colombia, Brazil and Costa Rica.

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