



Brazil



Country report card - adults

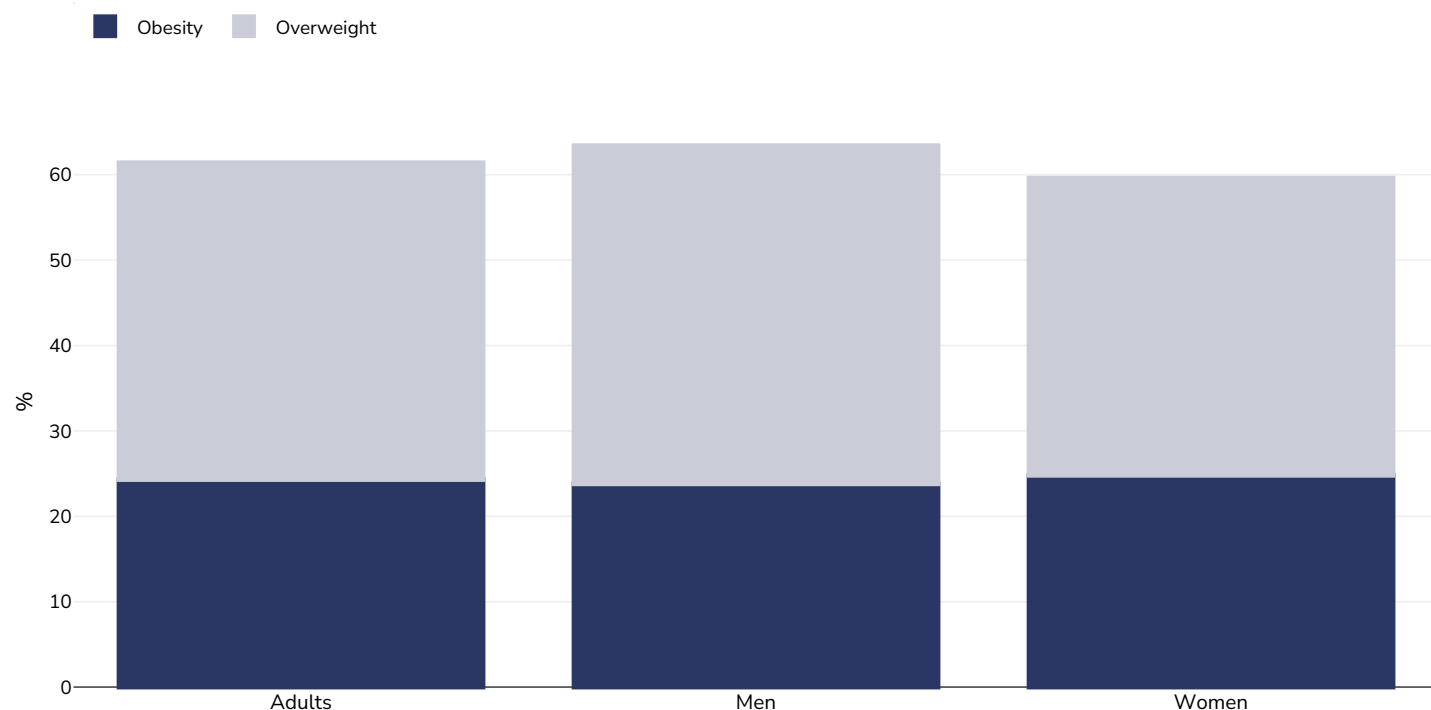
This report card contains the latest data available on the Global Obesity Observatory on overweight and obesity for adults. Where available, data on common and relevant obesity drivers and comorbidities are also presented.

View the latest version of this report on the Global Obesity Observatory at <https://data.worldobesity.org/country/brazil-27/>.

Contents	Page
Obesity prevalence	3
Trend: % Adults living with obesity in Brazil 1975-2019	4
Trend: % Adults living with overweight or obesity in Brazil 1975-2019	7
Trend: Adults living with obesity in Brazil 2006-2023	10
Trend: Adults living with overweight or obesity in Brazil 2006-2023	13
Trend: % Adults living with obesity in selected countries in the Americas Region 1960-2018, selected countries	16
Trend: % Adults living with obesity in selected countries worldwide 1976-2018, selected countries	21
Overweight/obesity by education	26
Overweight/obesity by age	29
Overweight/obesity by region	30
Overweight/obesity by socio-economic group	33
Overweight/obesity by ethnicity	35
Double burden of underweight & overweight	37
Insufficient physical activity	38
Estimated per capita fruit intake	41
Estimated per-capita processed meat intake	42
Estimated per capita whole grains intake	43
Mental health - depression disorders	44
Mental health - anxiety disorders	47
Percent of population who cannot afford a healthy diet	50
Oesophageal cancer	51
Breast cancer	53
Colorectal cancer	54
Pancreatic cancer	56
Gallbladder cancer	58
Kidney cancer	60
Cancer of the uterus	62
Raised blood pressure	63
Raised cholesterol	66
Raised fasting blood glucose	69
Diabetes prevalence	71
Ovarian Cancer	72
Leukemia	73
Liver and intrahepatic bile duct Cancer	75
Multiple Myeloma	77
Non Hodgkin Lymphoma	79
Thyroid Cancer	81

Obesity prevalence

Adults, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

Area covered: Regional

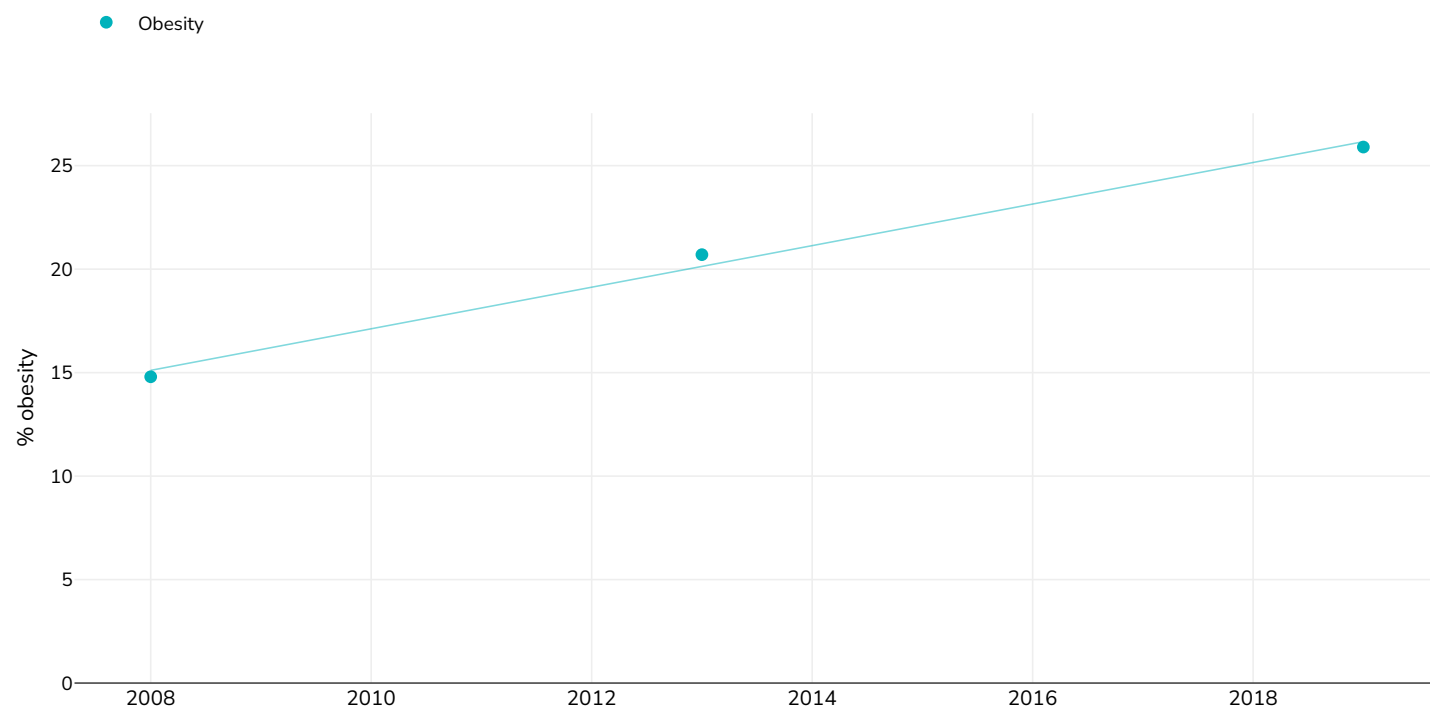
References: [Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023](#)

Notes: Data from Capitals of 26 Brazilian States and the Federal District

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

% Adults living with obesity in Brazil 1975-2019

Men and women



Survey type:

Measured

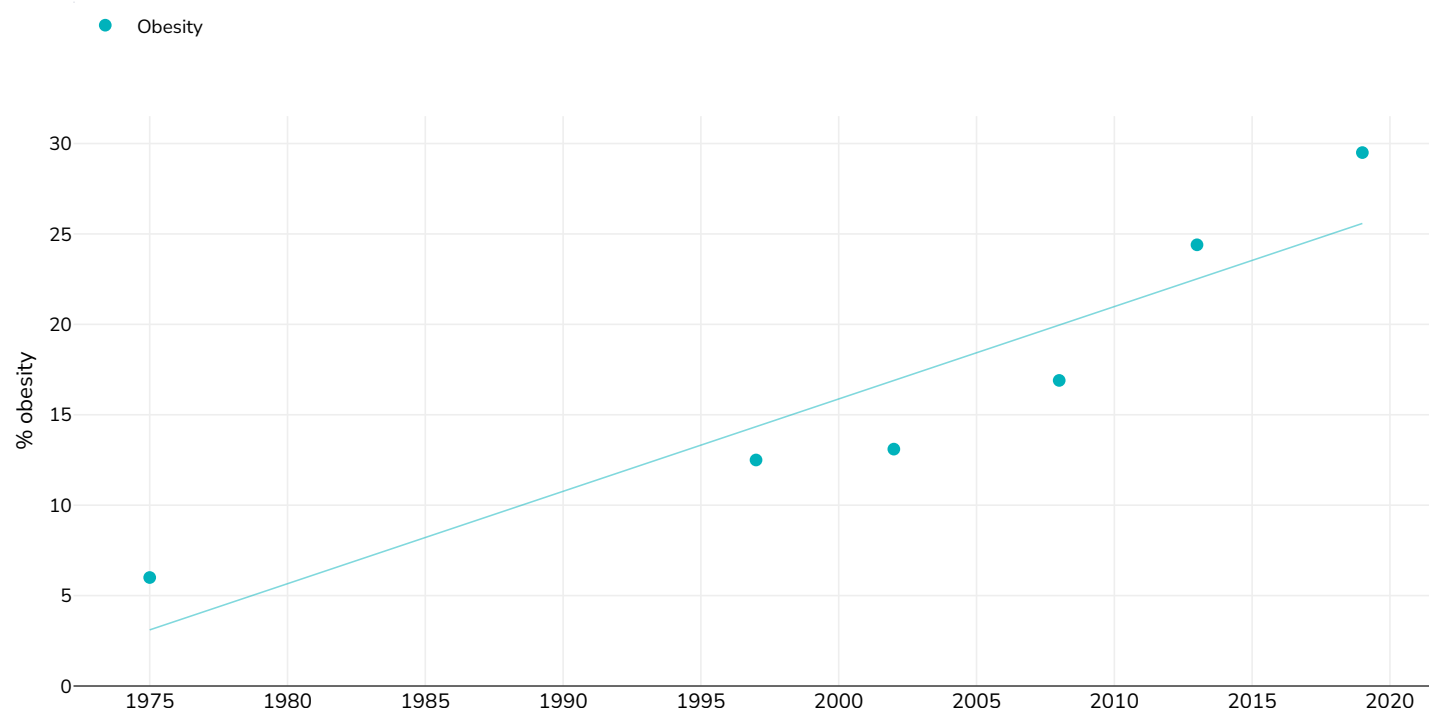
References:

- 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.
- 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
- 2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Célia Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.
- 2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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.

Women



Survey type:

Measured

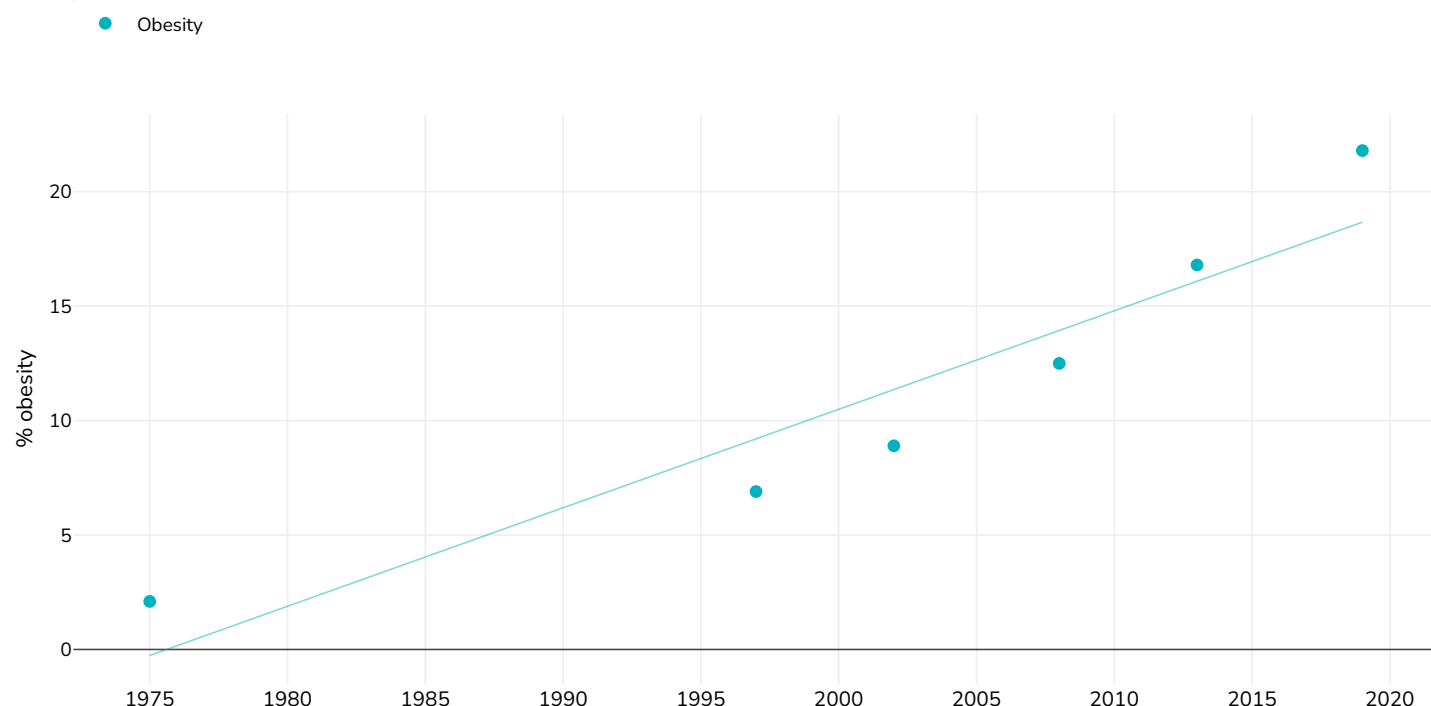
References:

- 1975: Monteiro CA, Conde WL, Popkin BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.
- 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
- 2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Céla Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.
- 2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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.

Men



Survey type:

Measured

References:

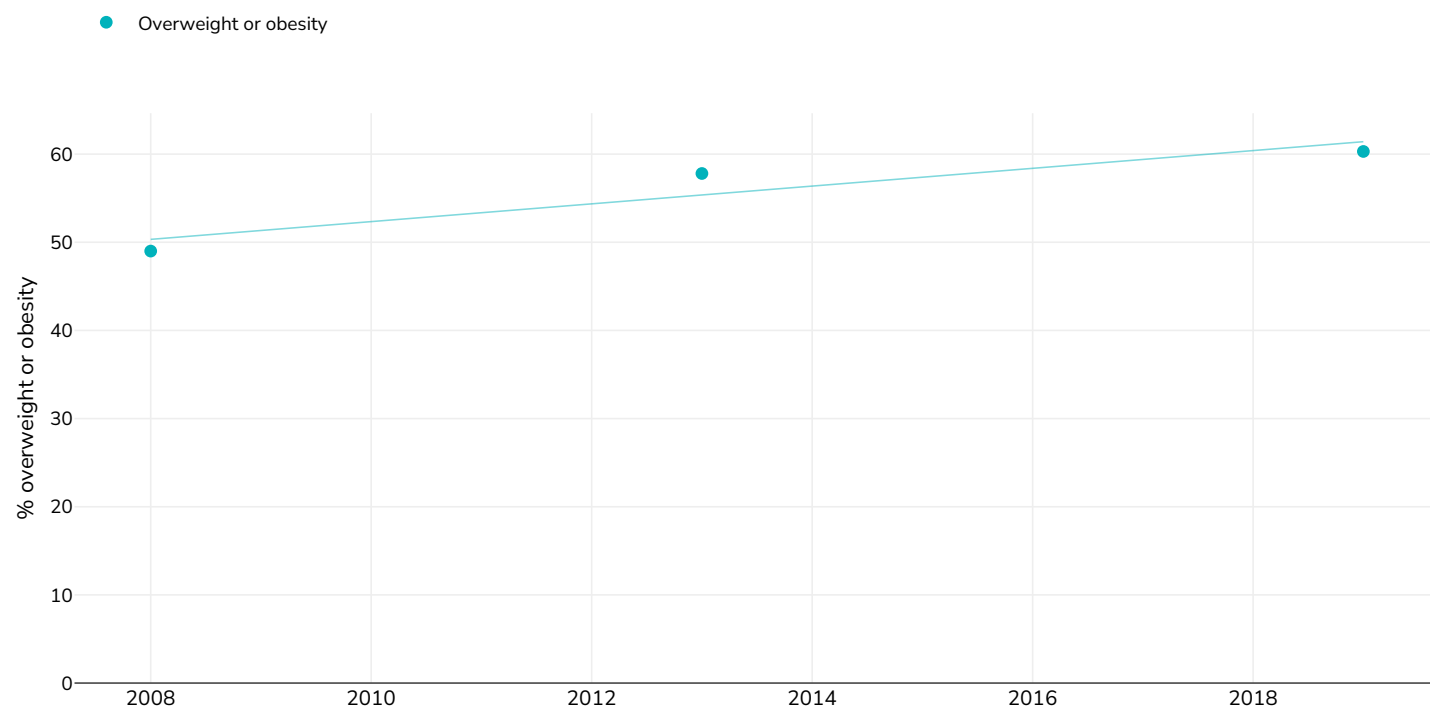
- 1975: Monteiro CA, Conde WL, Popkin BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.
- 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
- 2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Célia Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.
- 2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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 Brazil 1975-2019

Men and women



Survey type:

Measured

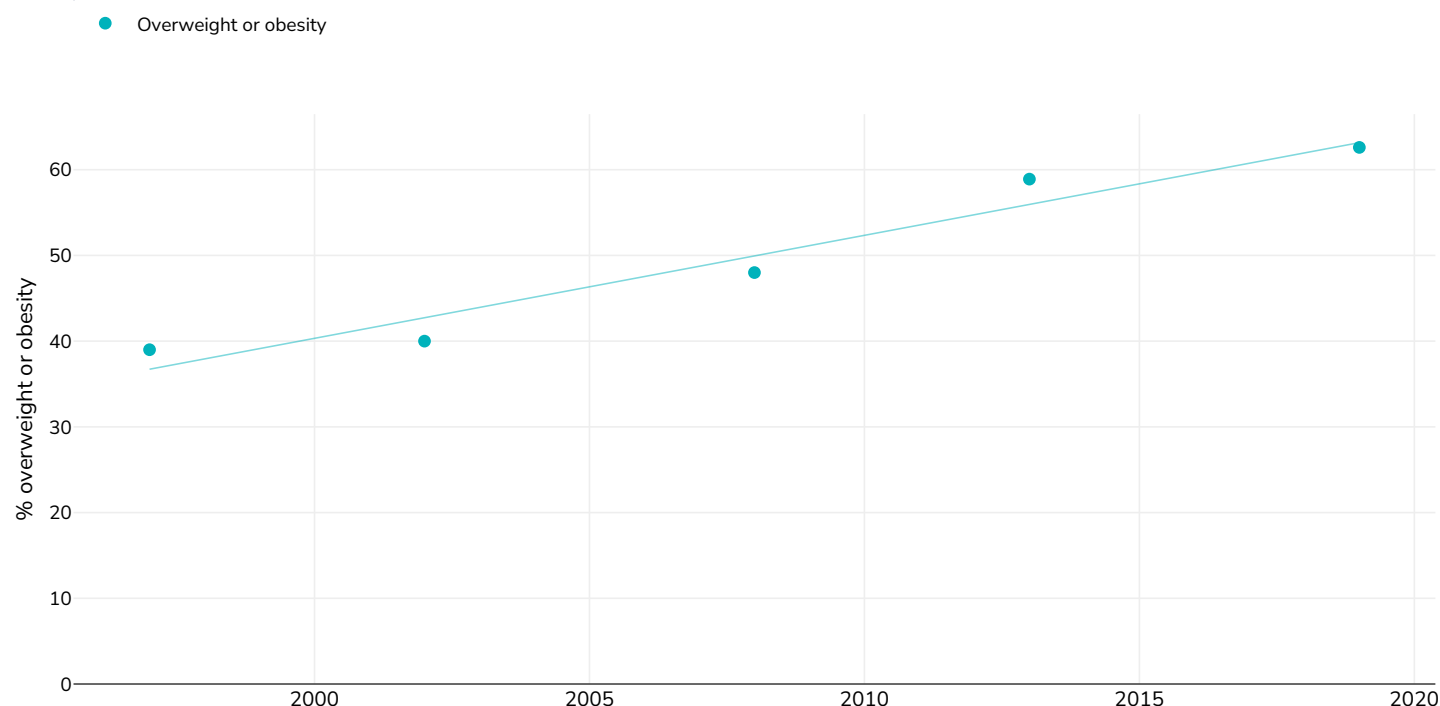
References:

- 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.
- 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
- 2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Célia Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.
- 2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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.

Women



Survey type: Measured

References:

1975: Monteiro CA, Conde WL, Popkin BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112

1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196

2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.

2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.

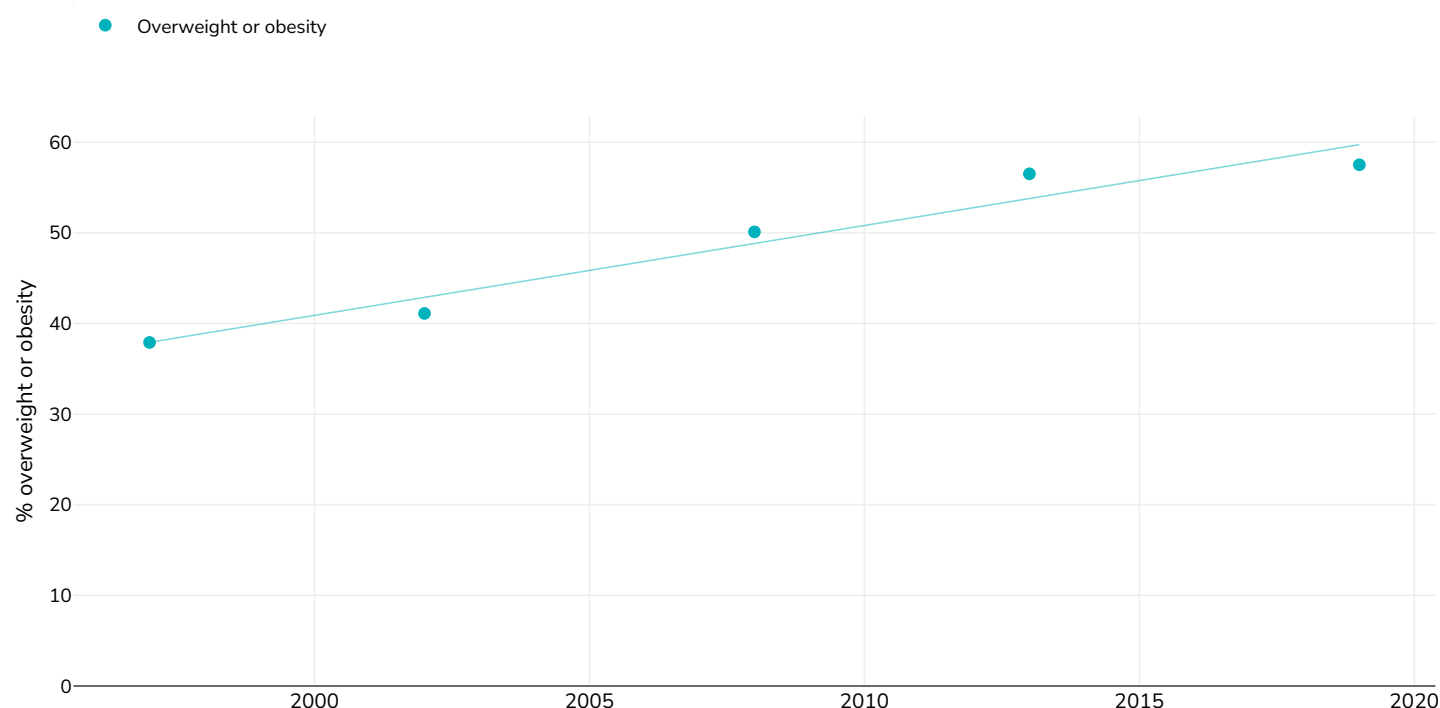
2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Céla Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.

2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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.

Men



Survey type:

Measured

References:

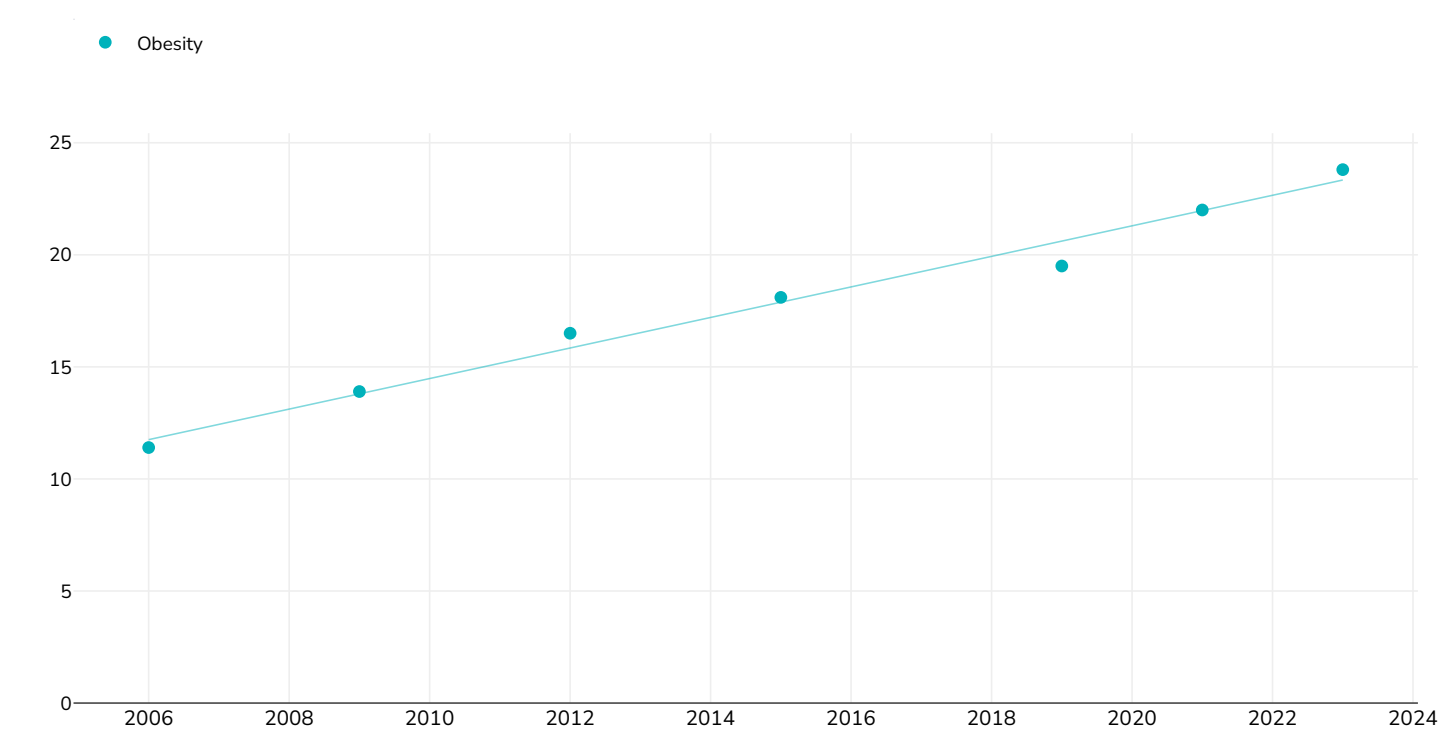
- 1975: Monteiro CA, Conde WL, Popkin BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. Public Health Nutrition:51(1A), 105-112
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. Obesity Reviews, 2001;2:99-196
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. American Journal of Public Health, 97 (10): 1808 - 1812.
- 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
- 2013: FERREIRA, Arthur Pate de Souza; SZWARCOWALD, Célia Landmann and DAMACENA, Giseli Nogueira. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Rev. bras. epidemiol. [online]. 2019, vol.22 [cited 2019-05-16], e190024. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2019000100420&lng=en&nrm=iso. Epub Apr 01, 2019. ISSN 1415-790X. <http://dx.doi.org/10.1590/1980-549720190024>.
- 2019: Pesquisa nacional de saúde : 2019 : ciclos de vida : Brasil / IBGE, Coordenação de Trabalho e Rendimento. - Rio de Janeiro : IBGE, 2021. Available at <https://www.ibge.gov.br/en/statistics/social/health/16840-national-survey-of-health.html?=&t=resultados> (last accessed 04.04.23)

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 Brazil 2006-2023

Men



Survey type: Self-reported

References:

2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brasil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil

2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.

2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.

2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.

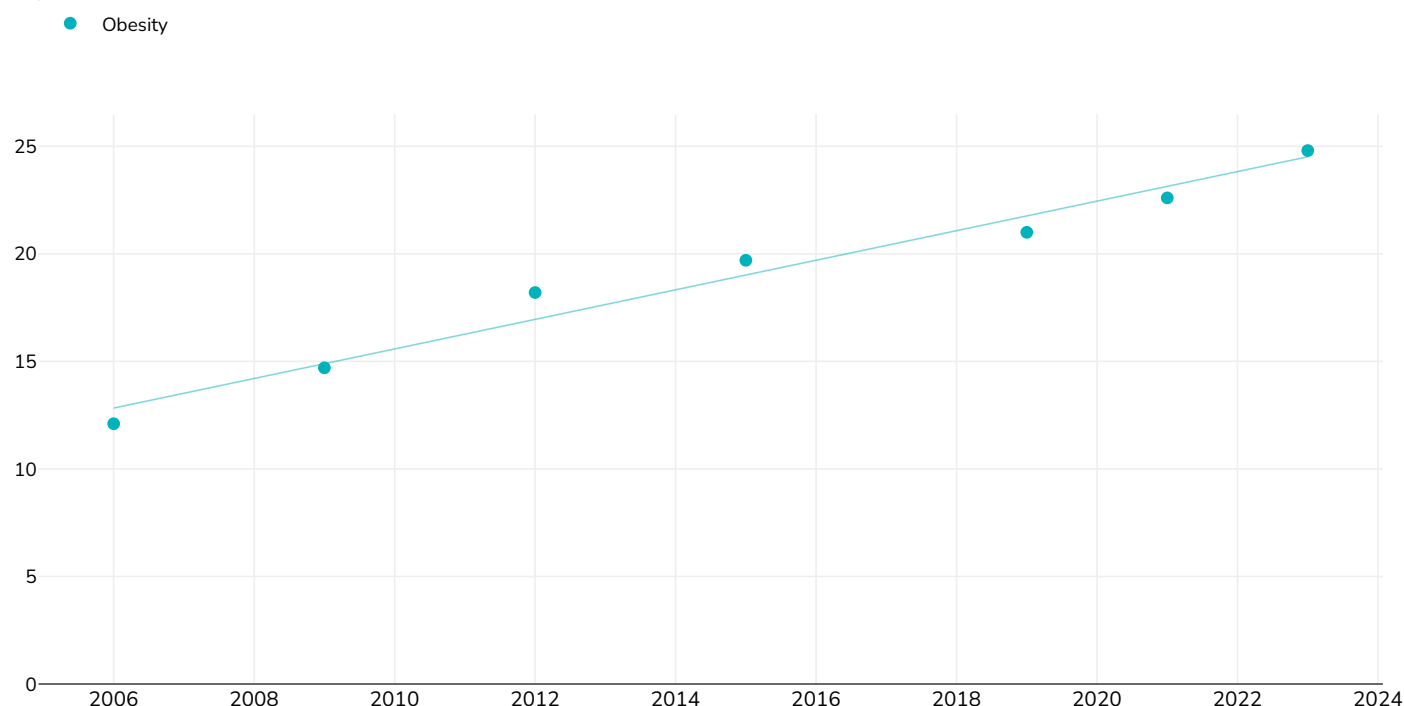
2019: Vigitel Brasil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil

2021: Vigitel Brasil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021

2023: Vigitel Brasil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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



Survey type:

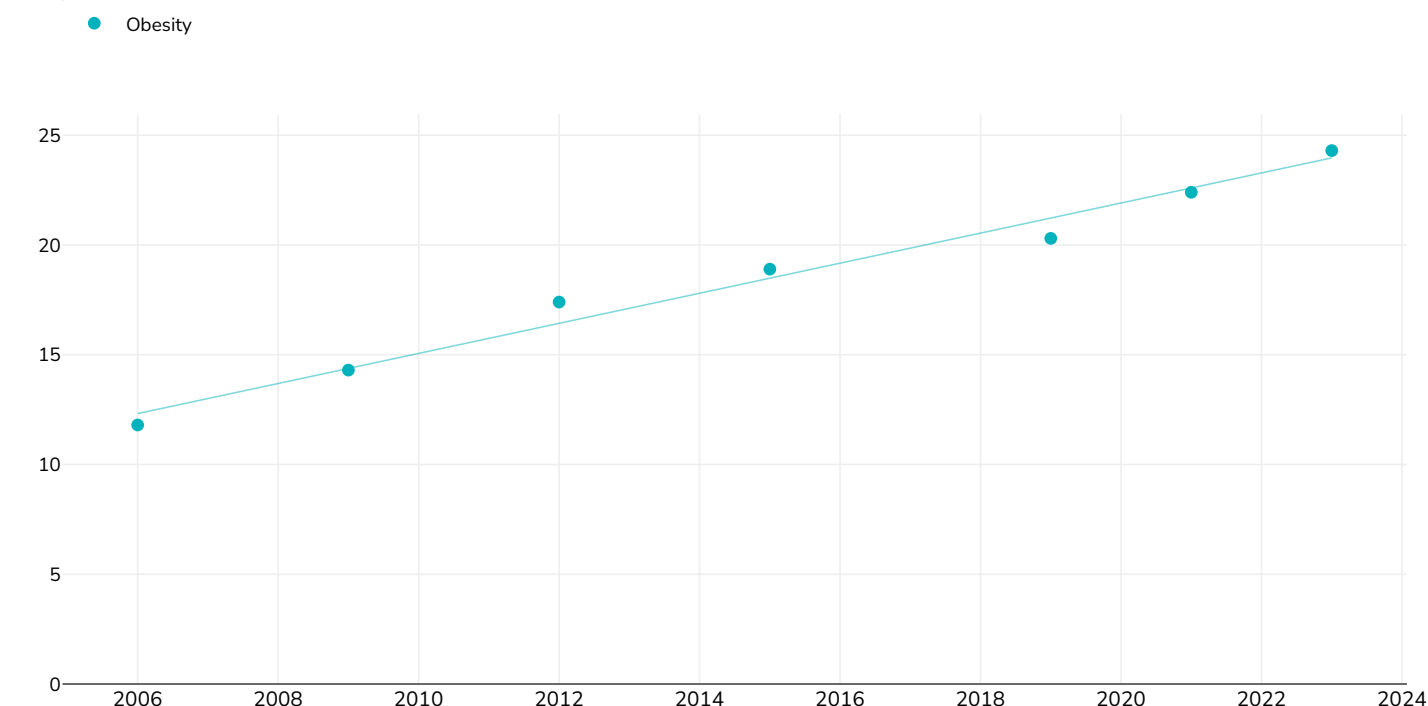
Self-reported

References:

- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.
- 2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.
- 2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.
- 2019: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2021: Vigitel Brazil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021
- 2023: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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.

Men and women



Survey type:

Self-reported

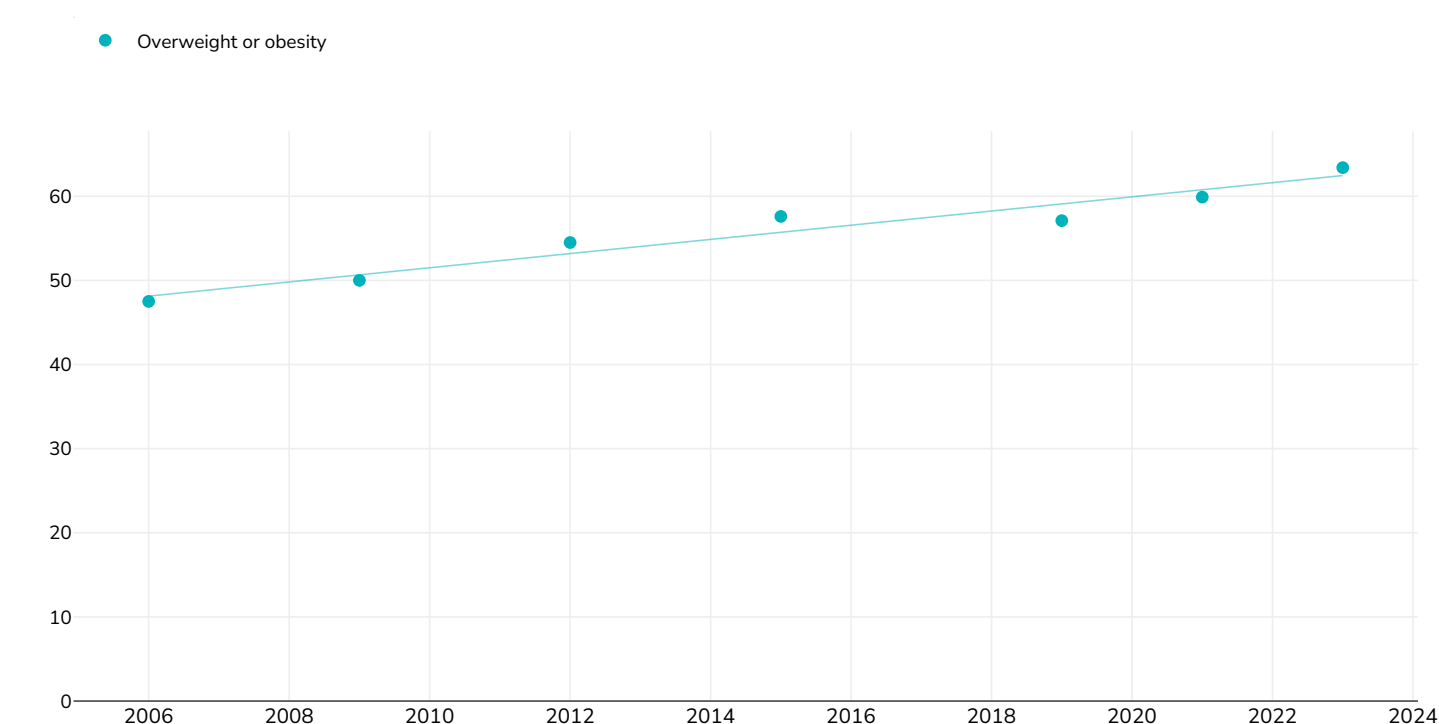
References:

- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.
- 2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.
- 2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.
- 2019: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2021: Vigitel Brazil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021
- 2023: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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 Brazil 2006-2023

Men



Survey type:

Self-reported

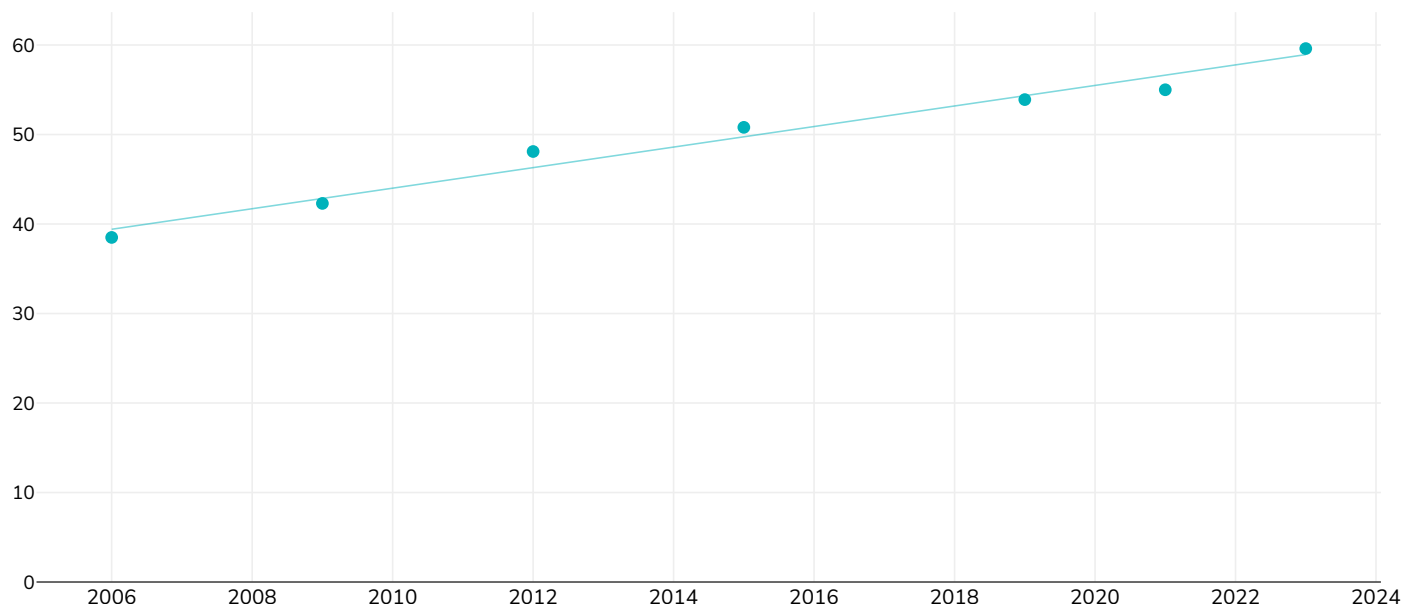
References:

- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.
- 2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.
- 2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.
- 2019: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2021: Vigitel Brazil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021
- 2023: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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

● Overweight or obesity



Survey type:

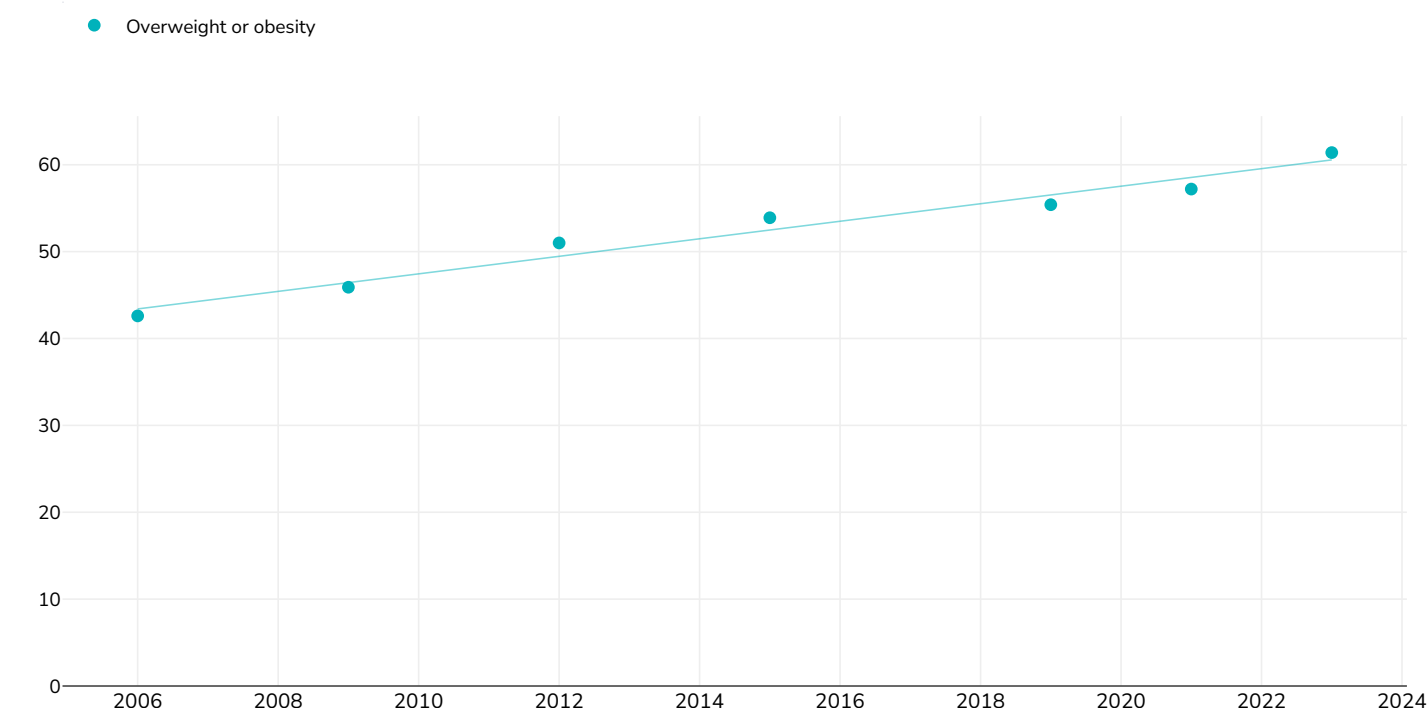
Self-reported

References:

- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.
- 2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.
- 2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.
- 2019: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2021: Vigitel Brazil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021
- 2023: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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.

Men and women



Survey type:

Self-reported

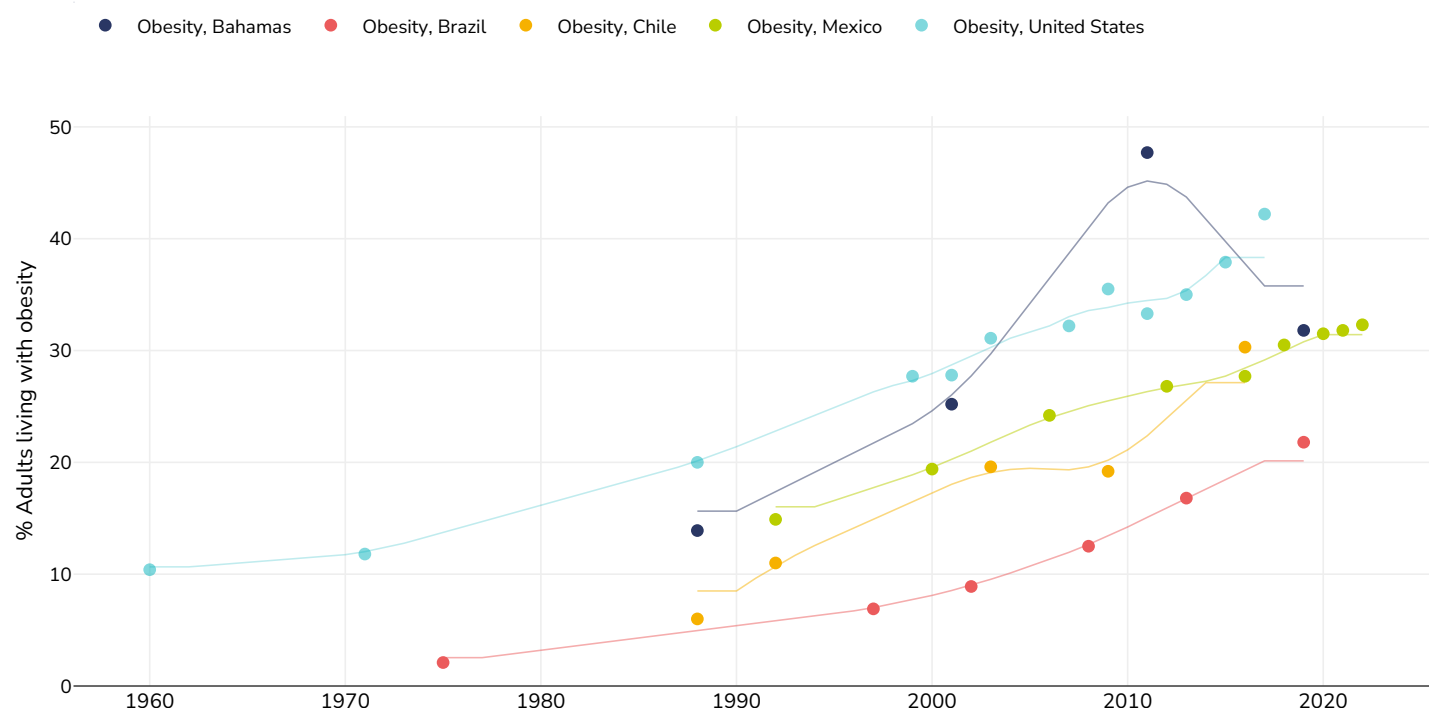
References:

- 2006: BRASIL. Ministério da Saúde. Vigitel Brasil 2006: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2007. Data published in Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2009: BRASIL. Ministério da Saúde. Vigitel Brasil 2009: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília: Ministério da Saúde, 2010.
- 2012: BRASIL. Ministério da Saúde. Vigitel Brasil 2012: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2013.
- 2015: BRASIL. Ministério da Saúde. Vigitel Brasil 2015: vigilância de fatores de risco e proteção para doenças crônicas por inquérito telefônico. Brasília, DF: Ministério da Saúde, 2016.
- 2019: Vigitel Brazil 2019: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2019 - report translation provided to WOF by Dra.Andrea Pereira, Presidente e co-fundadora da ONG Obesidade Brasil
- 2021: Vigitel Brazil 2021: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2021
- 2023: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

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, selected countries

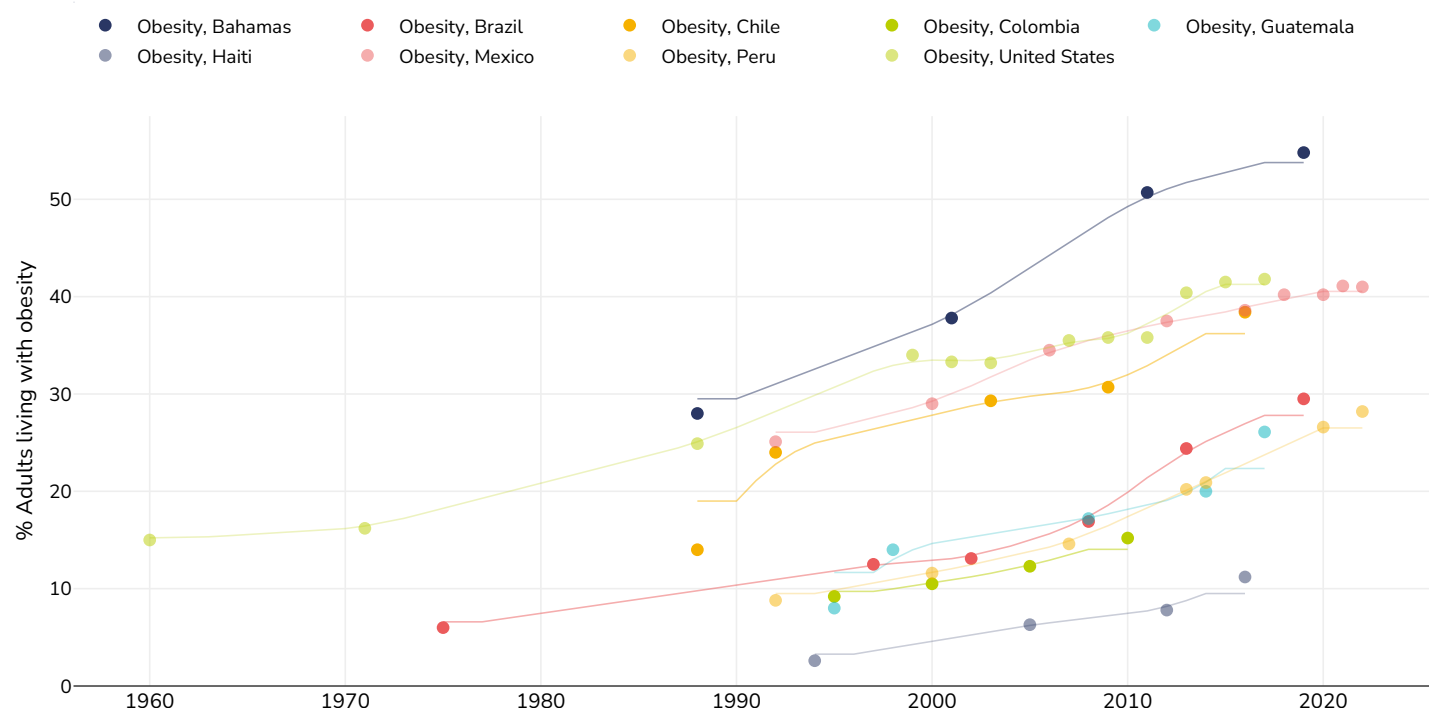
Men



- References:**
- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
 - 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
 - 1992: Arroyo et al. Prevalence of Pre-Obesity and Obesity in Urban Adult Mexicans in Comparison with other Large Surveys. *Obesity Research*. 2000;8:179-185
 - 1994, 1995: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. *EJCN* (2000) 54:247-252
 - 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
 - 1998: Instituto Nacional de Estadística - INE/Guatemala and Macro International. 1999. Guatemala Encuesta Nacional de Salud Materno Infantil 1998-1999. Calverton, Maryland, USA: Instituto Nacional de Estadística - INE/Guatemala and Macro International.
 - 1999: Centres for Disease Control and Prevention. <http://www.cdc.gov/>
 - 2000: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
 - 2001: N Brathwaite, A Brathwaite, M Taylor. The Socio-economic Determinants of Obesity in Adults in the Bahamas. *West Indian Med J* 2011; 60 (4): 434
 - 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
 - 2003: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, & Flegal KM. (2006). Prevalence of Overweight and Obesity in the United States, 1999-2004. *The Journal of the American Medical Association*, Vol 295(13):1549 - 1555.
 - 2005: 1st Argentinian National Survey of Risk Factors (Encuesta Nacional de Factores de Riesgo). Results from 1-3rd survey reported in the 4th survey report: https://www.indec.gob.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf
 - 2006: Olaiz-Fernández G, Rivera-Dommarco J, Shamah-Levy T, Rojas R, Villalpando-Hernández S, Hernández-Avila M, Sepúlveda-Amor J. Encuesta Nacional de Salud y Nutrición 2006. Cuernavaca, México: Instituto Nacional de Salud Pública, 2006. (National Health and Nutrition Survey 2006).
 - 2007: Flegal KM, Carroll MD, Ogden CL and Curtin LR. (2010). Prevalence and trends in obesity among US adults, 1999-2008. *Journal of the American Medical Association*, 303 (3): 235 - 241.
 - 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
 - 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010. *JAMA* Published online January 17, 2012. doi: 10.1001/jama.2012.39
 - 2010: Ojeda, Gabriel, Myriam Ordonez, and Luis Hernando Ochoa. 2011. Colombia Encuesta Nacional de Demografía y Salud 2010. Bogotá, Colombia: Profamilia.
 - 2011: Bahamas STEPS Survey 2012 Fact Sheet available at https://www.bahamas.gov.bs/wps/wcm/connect/9cfc74bb-a548-4660-b1e3-757017717175/2012_Fact_Sheet.pdf?MOD=AJPER&cid=ad575555

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

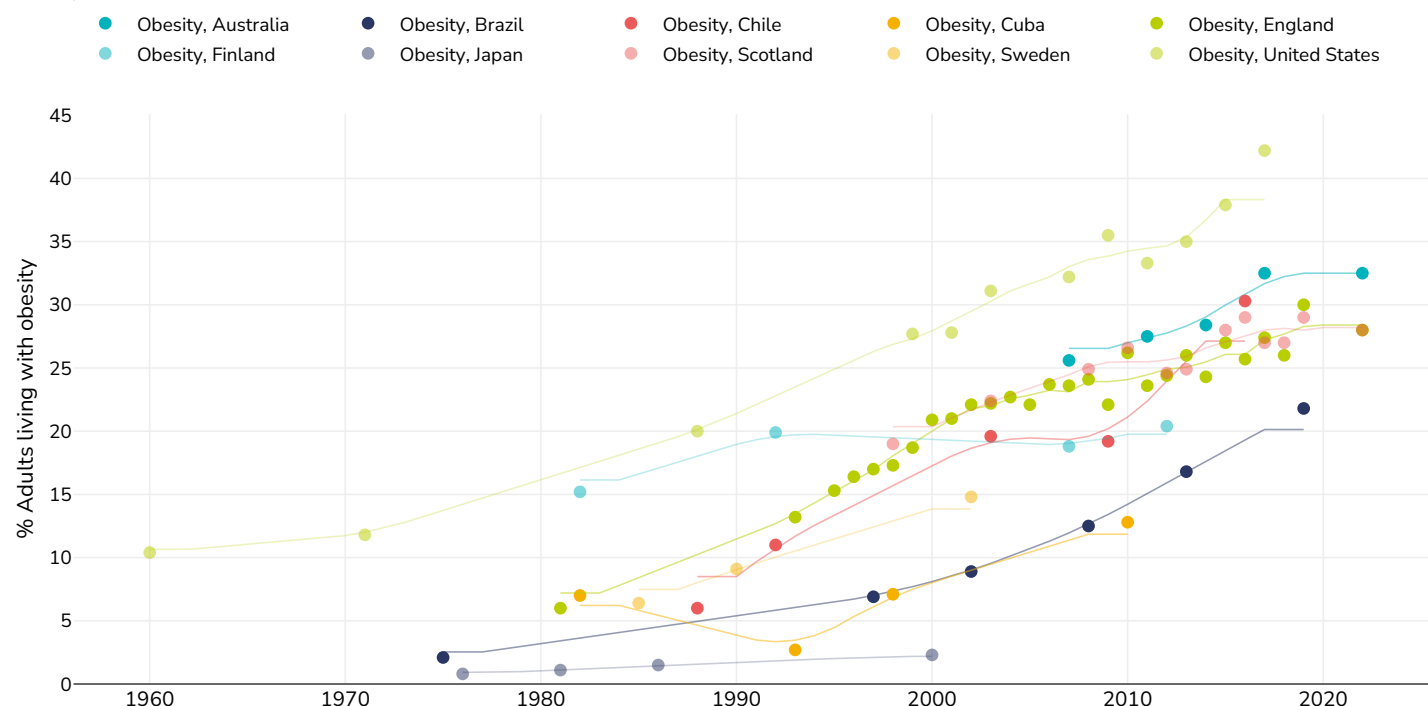


- References:**
- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
 - 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
 - 1992: Arroyo et al. Prevalence of Pre-Obesity and Obesity in Urban Adult Mexicans in Comparison with other Large Surveys. *Obesity Research*. 2000;8:179-185
 - 1994, 1995: Martorell R, Khan LK, Hughes ML, Grummer Strawn LM. Obesity in women from developing countries. *EJCN* (2000) 54:247-252
 - 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
 - 1998: Instituto Nacional de Estadística - INE/Guatemala and Macro International. 1999. Guatemala Encuesta Nacional de Salud Materno Infantil 1998-1999. Calverton, Maryland, USA: Instituto Nacional de Estadística - INE/Guatemala and Macro International.
 - 1999: Centres for Disease Control and Prevention. <http://www.cdc.gov/>
 - 2000: SCN (2004). 5th Report on the World Nutrition Situation. Nutrition for Improved Development Outcomes. Appendix 11
 - 2001: N Brathwaite, A Brathwaite, M Taylor. The Socio-economic Determinants of Obesity in Adults in the Bahamas. *West Indian Med J* 2011; 60 (4): 434
 - 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
 - 2003: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, & Flegal KM. (2006). Prevalence of Overweight and Obesity in the United States, 1999-2004. *The Journal of the American Medical Association*, Vol 295(13):1549 - 1555.
 - 2005: 1st Argentinian National Survey of Risk Factors (Encuesta Nacional de Factores de Riesgo). Results from 1-3rd survey reported in the 4th survey report: https://www.indec.gob.ar/ftp/cuadros/publicaciones/enfr_2018_resultados_definitivos.pdf
 - 2006: Olaiz-Fernández G, Rivera-Dommarco J, Shamah-Levy T, Rojas R, Villalpando-Hernández S, Hernández-Avila M, Sepúlveda-Amor J. Encuesta Nacional de Salud y Nutrición 2006. Cuernavaca, México: Instituto Nacional de Salud Pública, 2006. (National Health and Nutrition Survey 2006).
 - 2007: Flegal KM, Carroll MD, Ogden CL and Curtin LR. (2010). Prevalence and trends in obesity among US adults, 1999-2008. *Journal of the American Medical Association*, 303 (3): 235 - 241.
 - 2008: Ministério da Saúde. Pesquisa de Orcamentos Familiares 2008-9. Antropometria E Estado Nutricional de Crianças, Adolescentes E Adultos No Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE) 2010.
 - 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of Body Mass Index Among US Adults, 1999-2010. *JAMA* Published online January 17, 2012. doi: 10.1001/jama.2012.39
 - 2010: Ojeda, Gabriel, Myriam Ordonez, and Luis Hernando Ochoa. 2011. Colombia Encuesta Nacional de Demografía y Salud 2010. Bogotá, Colombia: Profamilia.
 - 2011: Bahamas STEPS Survey 2012 Fact Sheet available at https://www.bahamas.gov.bs/wps/wcm/connect/9cfc74bb-a548-4660-11e3-000119f8836b/Bahamas_STEPS_Survey_2012_Fact_Sheet.pdf?MOD=AJPER&CACHEID=9cfc74bb-a548-4660-11e3-000119f8836b

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 worldwide 1976-2018,
selected countries**

Men

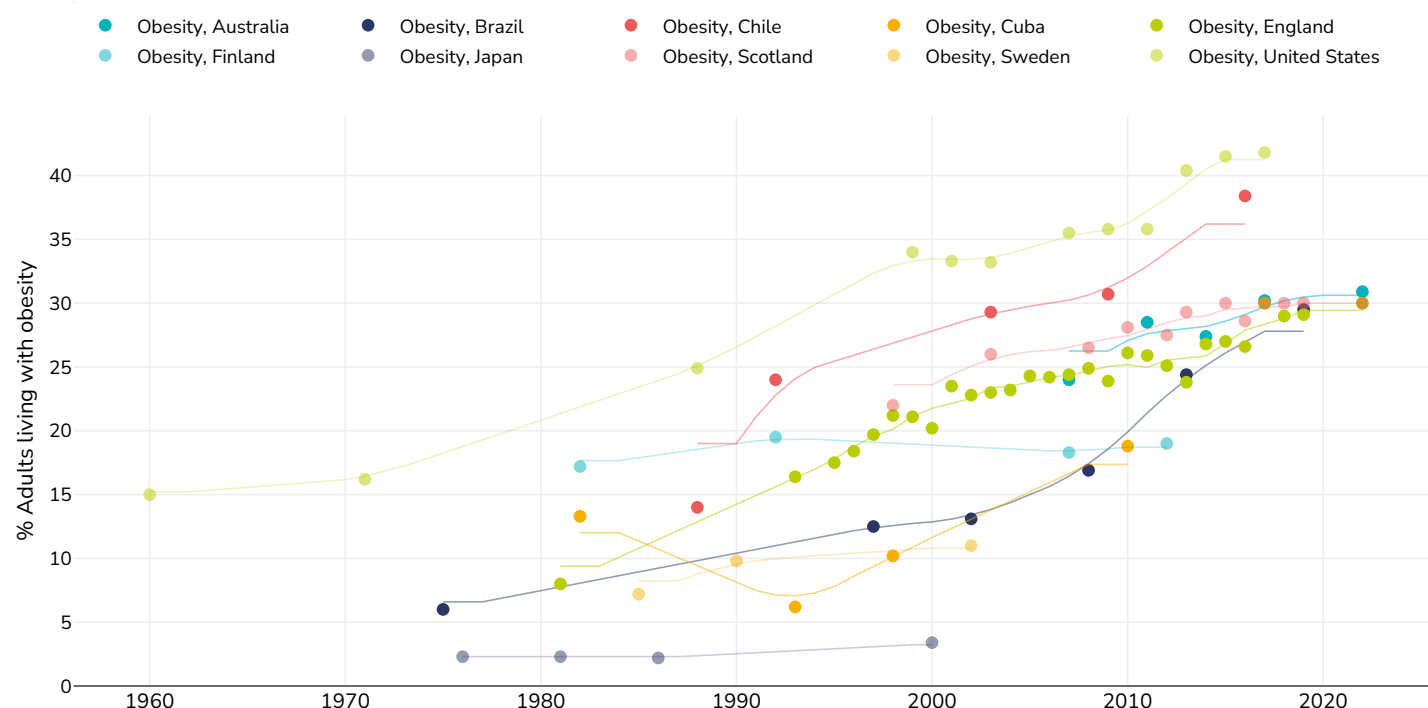


References:

- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
- 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
- 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
- 1982, 1993: Rodriguez-Ojea A, Jimenez S, Berdasco A, Esquivel M. The nutrition transition in Cuba in the nineties: an overview. *Public health Nutrition* 2002;5(1A), 129-133
- 1985: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 Aug;29(8):916-24
- 1990: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 online published ahead of print.
- 1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under- to Overweight. *Journal of Nutrition* 2001;131:S893-S899
- 1995: Health Survey for England 1995.
- 1996: Health Survey for England 1996.
- 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
- 1998: Scottish Health Survey 1998
- 1999: Health Survey for England 1999.
- 2000: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295(13):1549-1555
- 2001: Health Survey for England 2001.
- 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
- 2003: 2003 ENS Report. Final results on the National Health Survey. <http://epi.minsal.cl/epi/html/invest/ENS/informeFinalENS.pdf>.
- 2004: Health Survey for England 2004.
- 2005: Health Survey for England 2005.
- 2006: Health Survey for England 2006.
- 2007: Peltonen M, Harald K, Männistö S, Saarikoski L, Lund L, Sundvall J, Juolevi A, Laatikainen T, Aldén-Nieminen H, Luoto R, Jousilahti P, Salomaa V, Taimi M, Vartiainen E. Kansallinen FINRISKI 2007 -terveys tutkimus, Tutkimuksen toteutus ja tulokset: Taulukkolite. Kansanterveyslaitos. Yliopistopaino, Helsinki 2008.
- 2008: Health Survey for England 2008.
- 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of

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

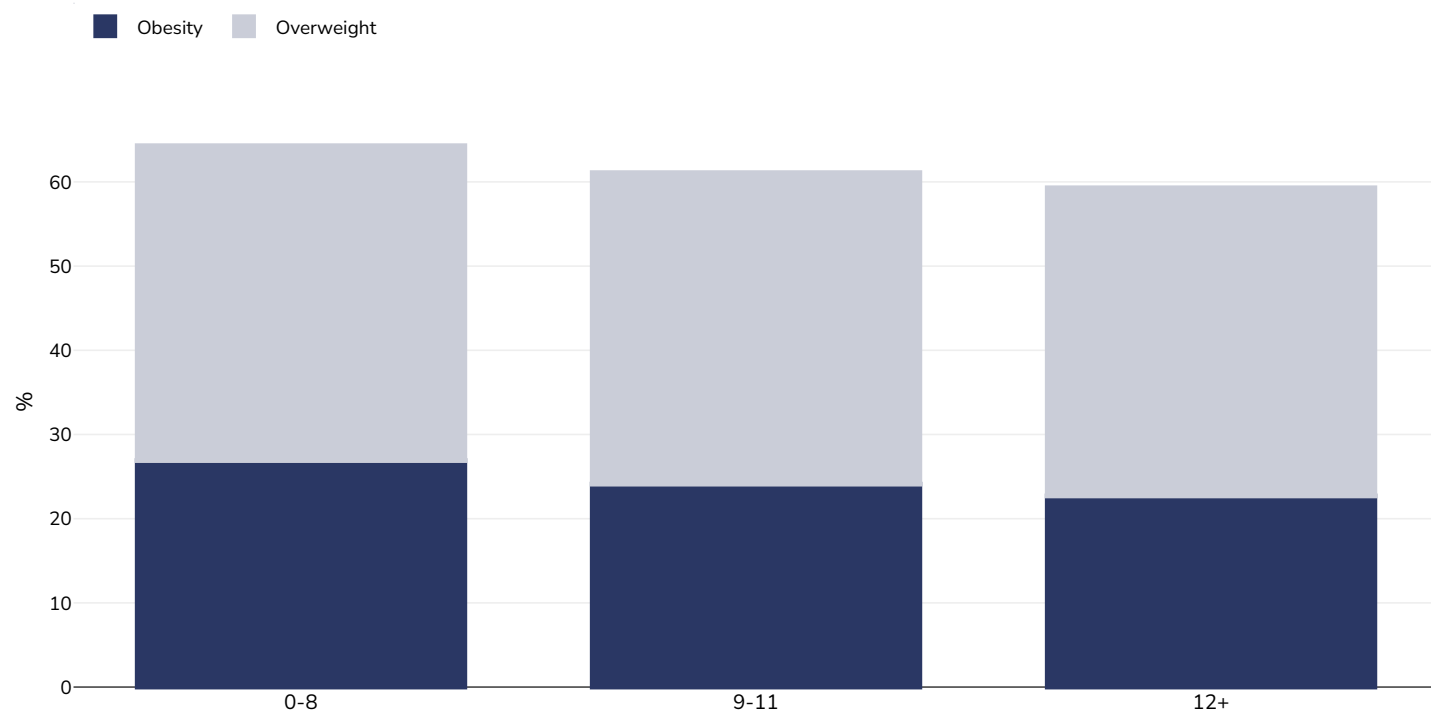


- References:**
- 1960, 1971, 1973, 1976, 1988, 1991: Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *International Journal of Obesity* (1998);22:39-47
 - 1975: Monteiro CA, Conde WL, Popking BM. Is obesity replacing or adding to undernutrition? Evidence from different social classes in Brazil. 2002. *Public Health Nutrition*:51(1A), 105-112
 - 1981, 1986: Yoshiike N, Seino F, Tajima S, Arai Y, Kawano M, Furuhashi T, Inoue S. Twenty-year changes in the prevalence of overweight in Japanese adults: The National Nutrition Survey 1976-95. *Obesity Reviews* 2002;3:183-190
 - 1982, 1993: Rodriguez-Ojeda A, Jimenez S, Berdasco A, Esquivel M. The nutrition transition in Cuba in the nineties: an overview. *Public health Nutrition* 2002;5(1A), 129-133
 - 1985: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 Aug;29(8):916-24
 - 1990: Berg C, Rosengren A, Aires N, Appas G, Toren K, Thelle D, Lissner L. Trends in overweight and obesity from 1985 to 2002 in Goteborg, West Sweden. *IJO* 2005 online published ahead of print.
 - 1992: Uauy R, Albal C, Kain J. Obesity Trends in Latin America: Transiting from Under- to Overweight. *Journal of Nutrition* 2001;131:S893-S899
 - 1995: Health Survey for England 1995.
 - 1996: Health Survey for England 1996.
 - 1997: Filozof C, Gonzales C, Sereday M, Mazza C, Braguinsky J. Obesity prevalence and trends in Latin American countries. *Obesity Reviews*, 2001;2:99-196
 - 1998: Scottish Health Survey 1998
 - 1999: Health Survey for England 1999.
 - 2000: Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295(13):1549-1555
 - 2001: Health Survey for England 2001.
 - 2002: Monteiro CA, Conde WL and Popkin BA. (2007). Income-specific trends in obesity in Brazil: 1975 - 2003. *American Journal of Public Health*, 97 (10): 1808 - 1812.
 - 2003: 2003 ENS Report. Final results on the National Health Survey. <http://epi.minsal.cl/epi/html/invest/ENS/informeFinalENS.pdf>.
 - 2004: Health Survey for England 2004.
 - 2005: Health Survey for England 2005.
 - 2006: Health Survey for England 2006.
 - 2007: Peltonen M, Harald K, Männistö S, Saarikoski L, Lund L, Sundvall J, Juolevi A, Laatikainen T, Aldén-Nieminen H, Luoto R, Jousilahti P, Salomaa V, Taimi M, Vartiainen E. Kansallinen FINRISKI 2007 -terveys tutkimus, Tutkimuksen toteutus ja tulokset: Taulukkoliite. Kansanterveyslaitos. Yliopistopaino, Helsinki 2008.
 - 2008: Health Survey for England 2008.
 - 2009: NHANES Survey - Published in Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of Obesity and Trends in the Distribution of

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

Adults, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

Area covered: Regional

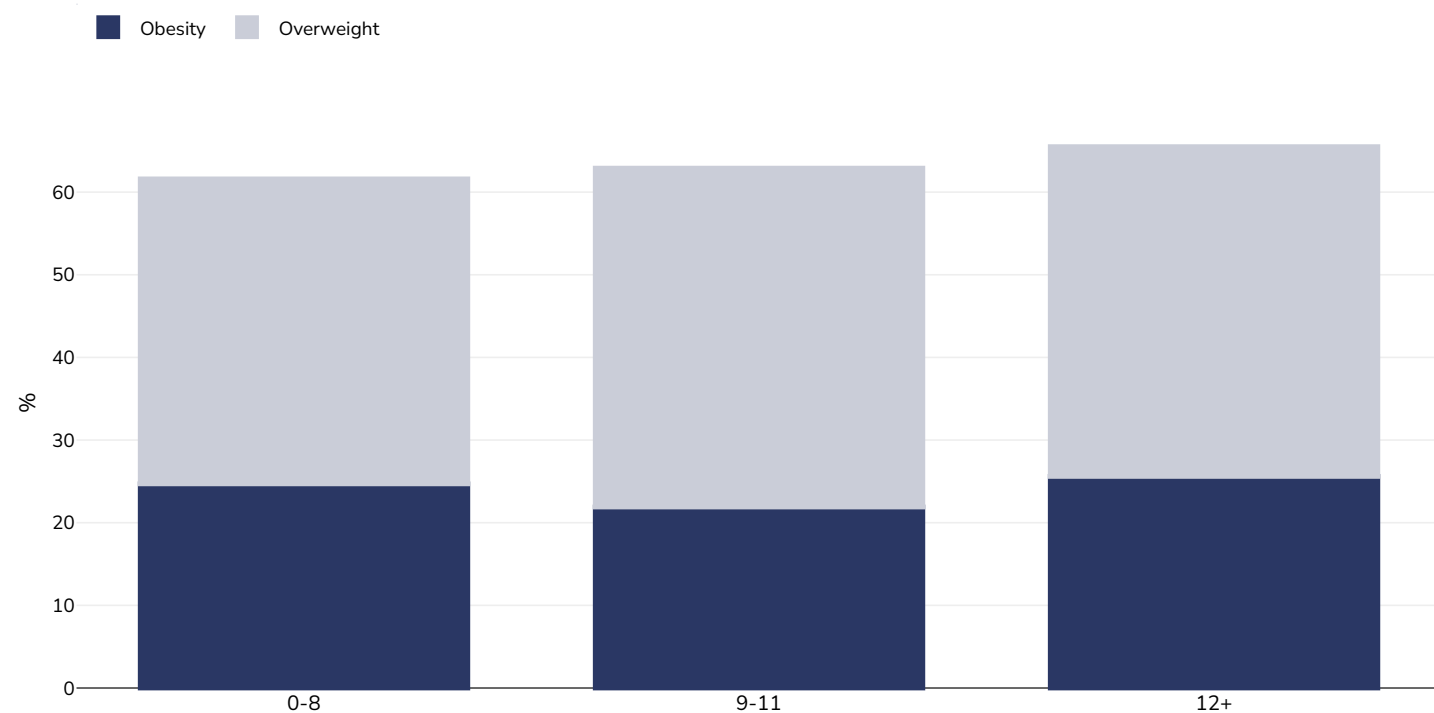
References: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

Notes: Data from Capitals of 26 Brazilian States and the Federal District

Definitions: Education based on years of education

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

Men, 2023



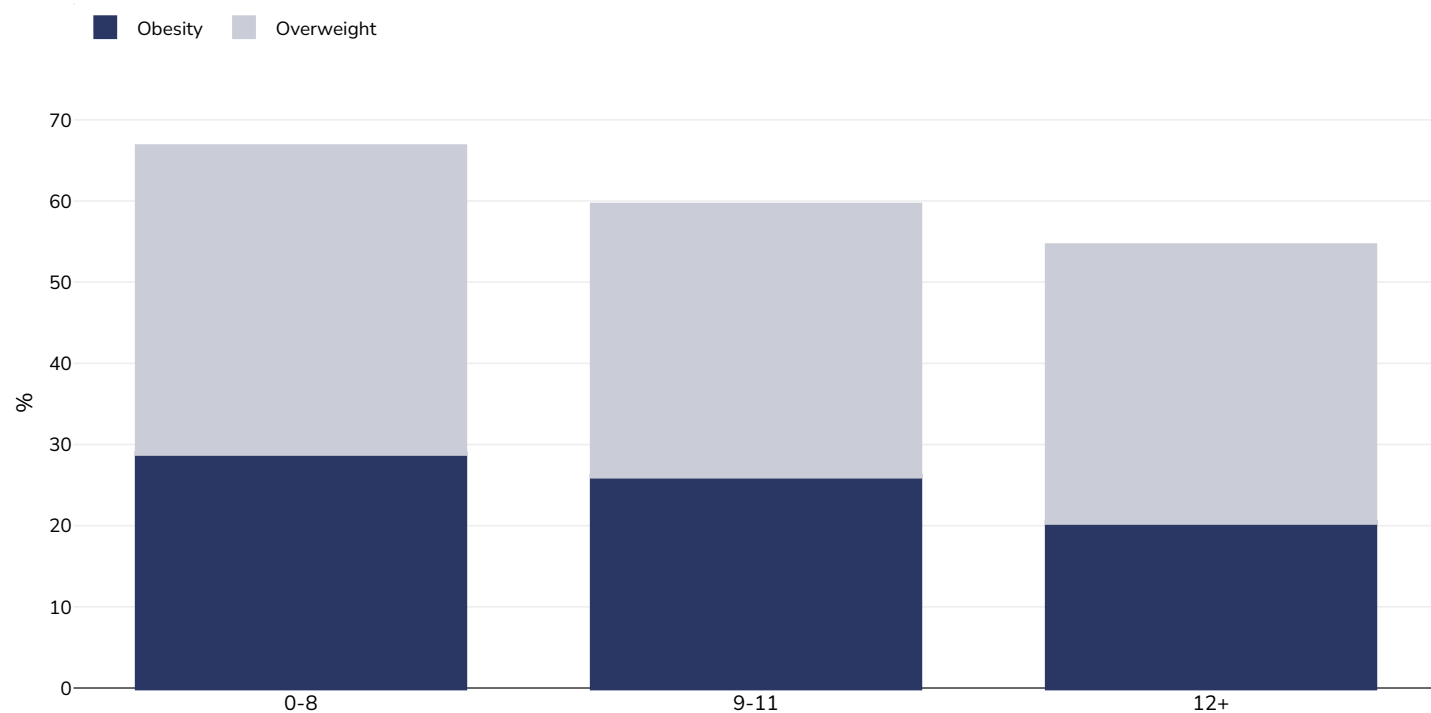
Survey type:	Self-reported
Age:	18+
Sample size:	21690
Area covered:	Regional
References:	Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

Notes: Data from Capitals of 26 Brazilian States and the Federal District

Definitions: Education based on years of education

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

Women, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

Area covered: Regional

References: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

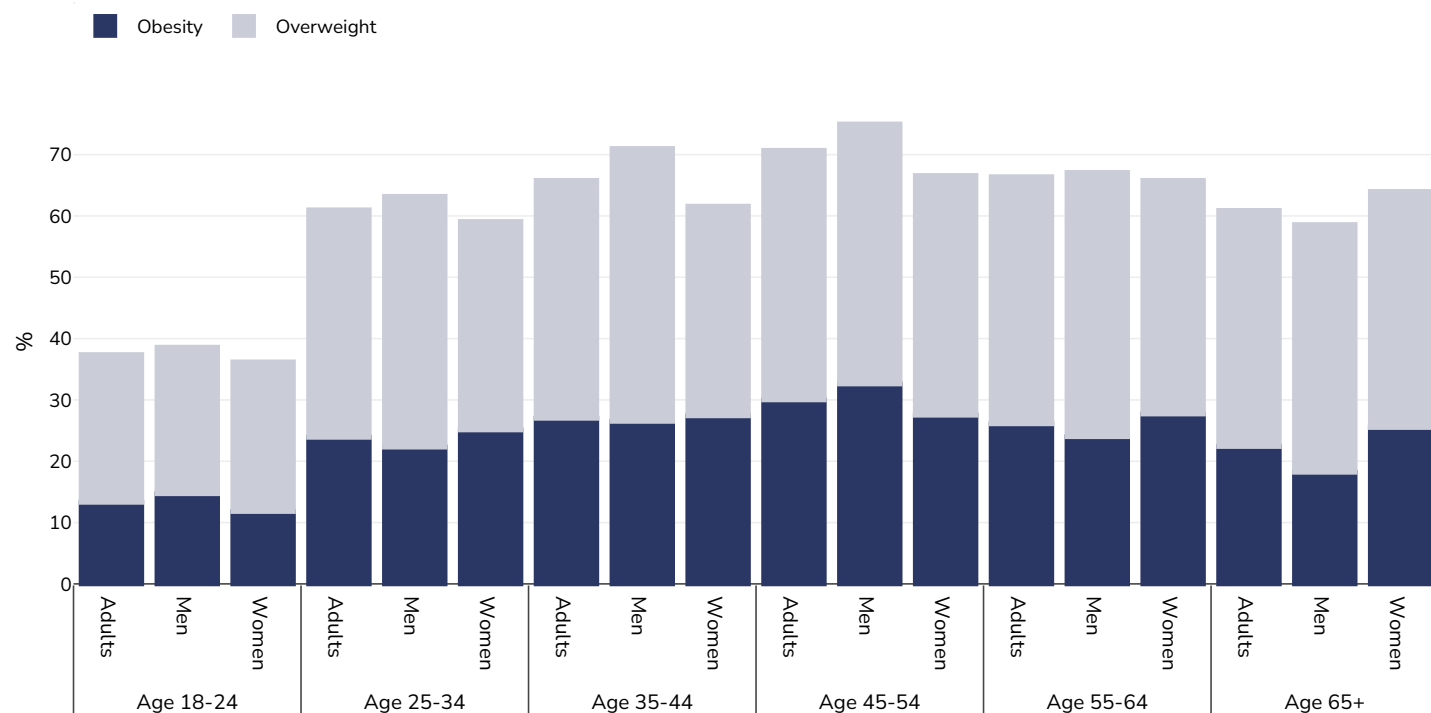
Notes: Data from Capitals of 26 Brazilian States and the Federal District

Definitions: Education based on years of education

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

Overweight/obesity by age

Adults, 2023



Survey type: Self-reported

Sample size: 21690

Area covered: Regional

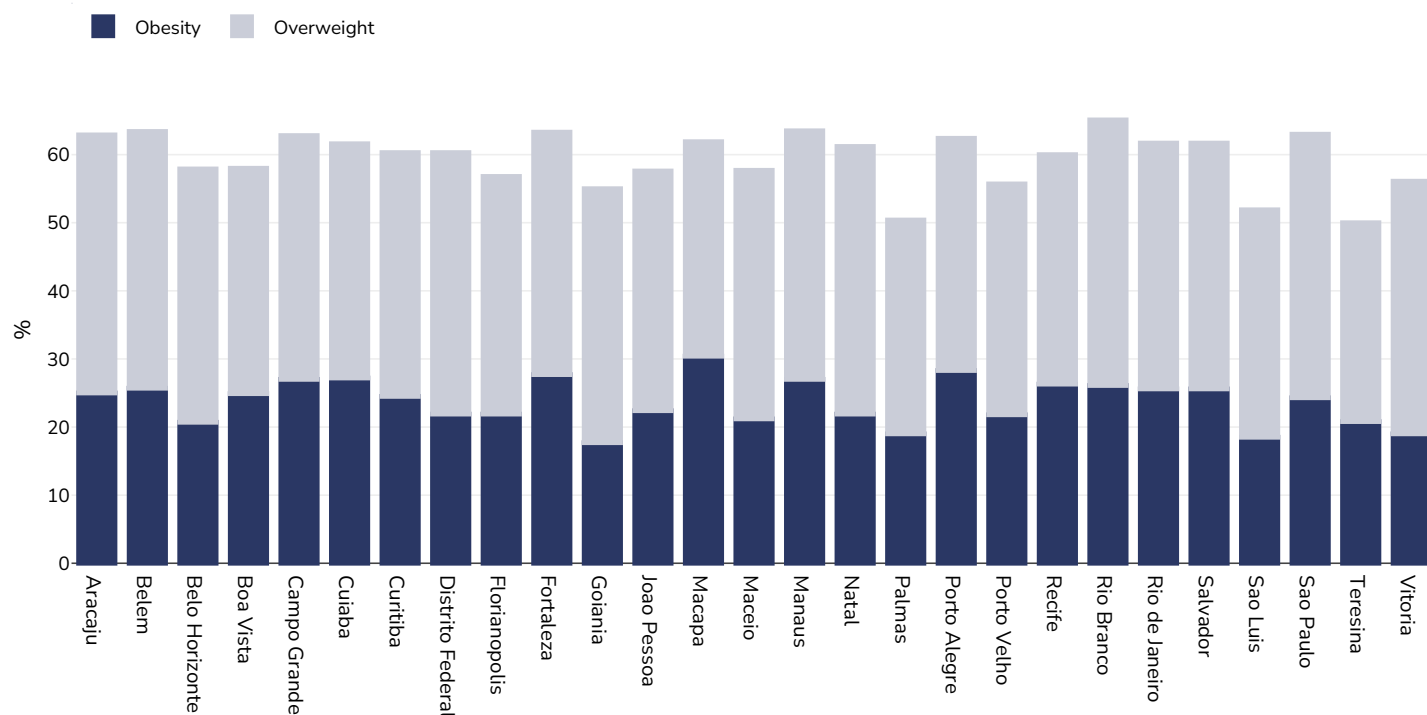
References: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

Notes: Data from Capitals of 26 Brazilian States and the Federal District.

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

Overweight/obesity by region

Adults, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

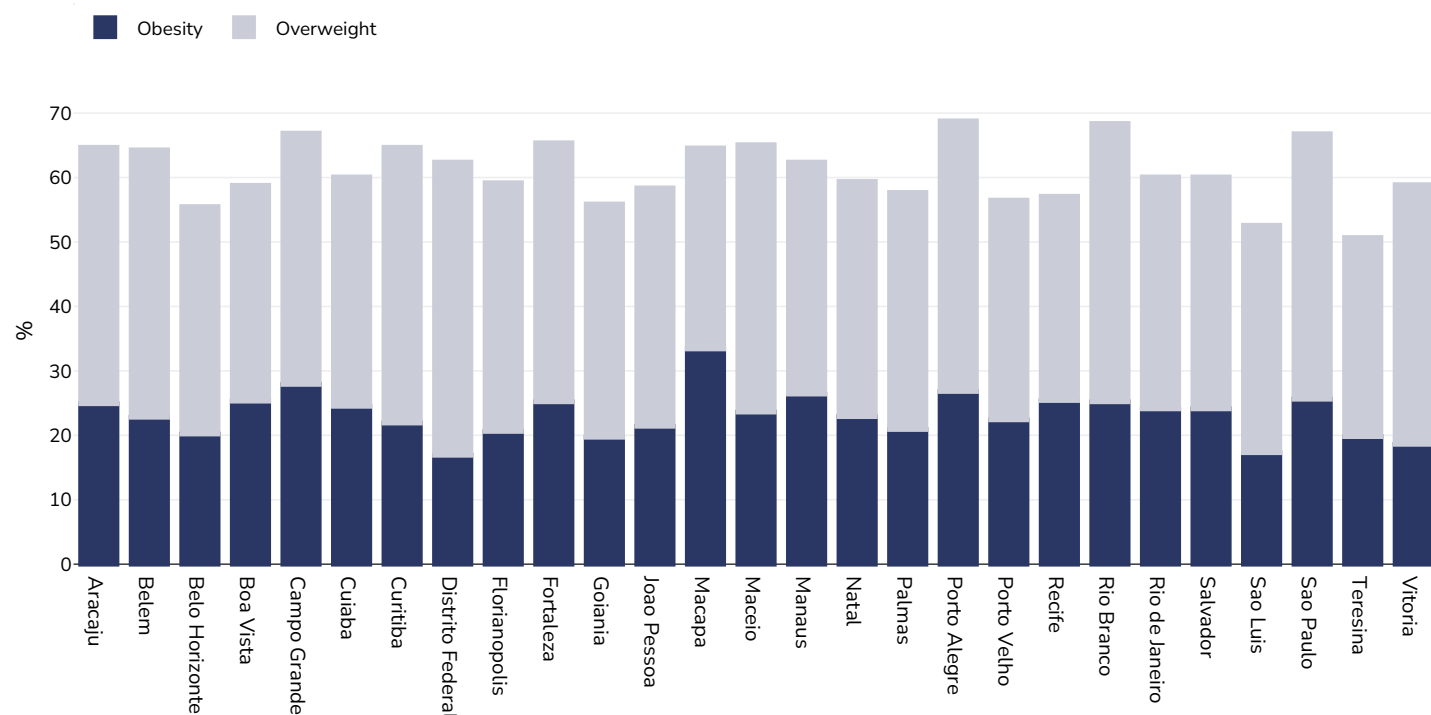
Area covered: Regional

References: Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023

Notes: Data from Capitals of 26 Brazilian States and the Federal District

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

Men, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

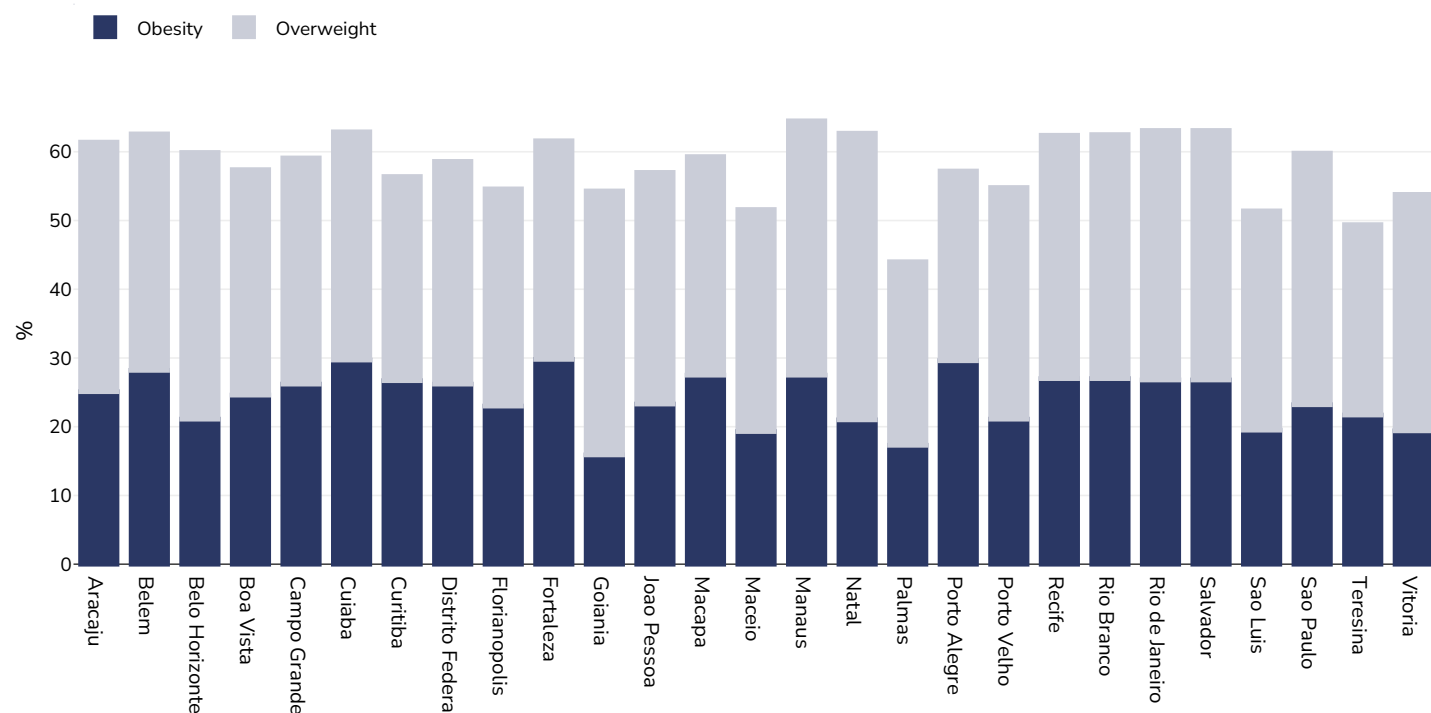
Area covered: Regional

References: [Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023](#)

Notes: Data from Capitals of 26 Brazilian States and the Federal District

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

Women, 2023



Survey type: Self-reported

Age: 18+

Sample size: 21690

Area covered: Regional

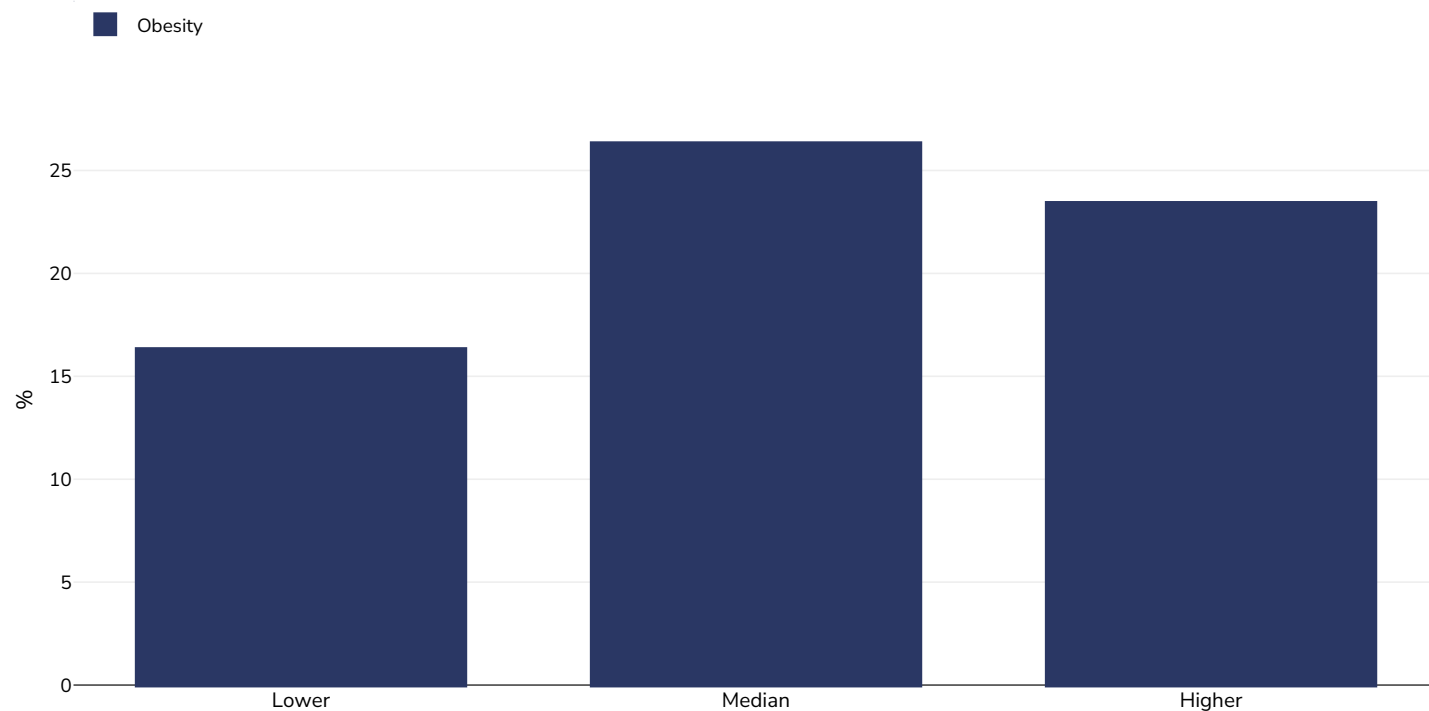
References: *Vigitel Brazil 2023: surveillance of risk and protective factors for chronic diseases by telephone survey: estimates of frequency and sociodemographic distribution of risk and protective factors for chronic diseases in the capitals of the 26 Brazilian states and the Federal District in 2023*

Notes: Data from Capitals of 26 Brazilian States and the Federal District

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

Overweight/obesity by socio-economic group

Men, 2019



Survey type: Measured

Age: 18+

Sample size: 6672

Area covered: National

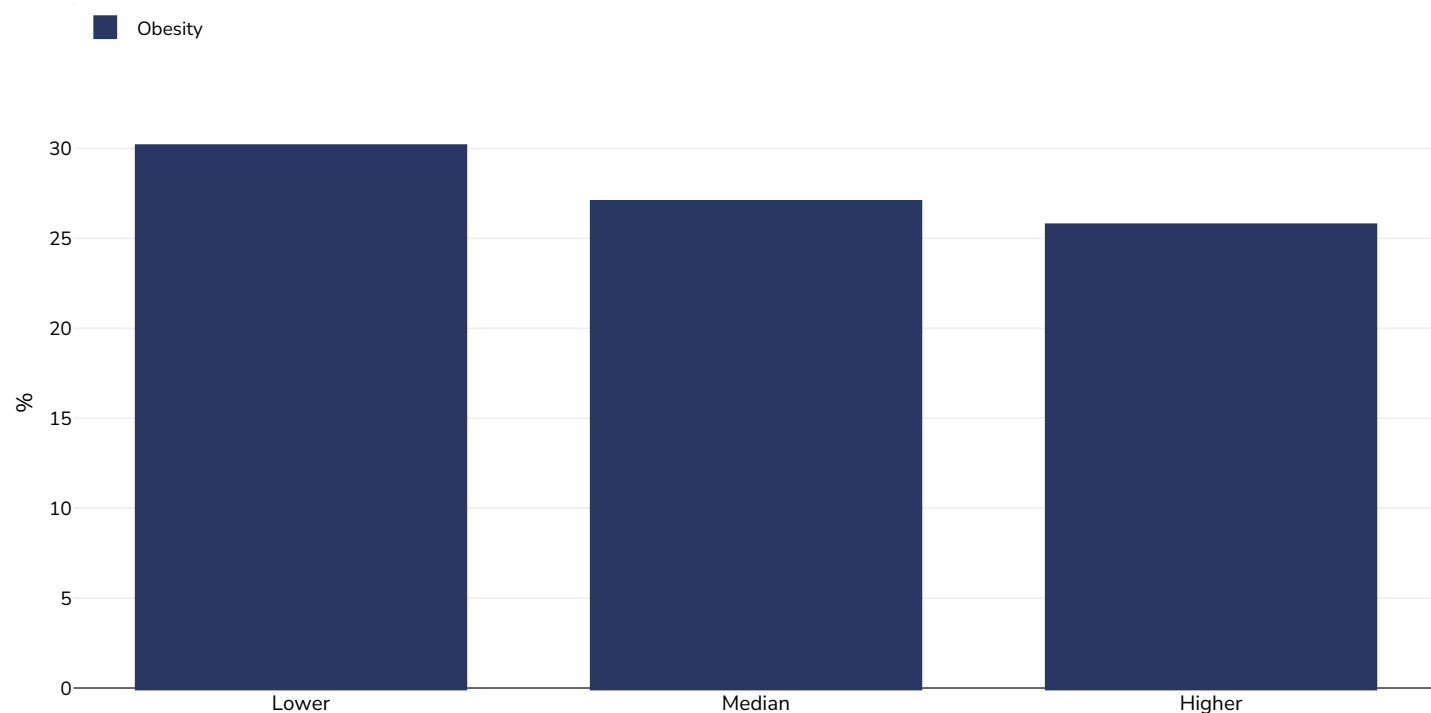
References: de Souza Ferreira, A.P., Szwarcwald, C.L., Damacena, G.N., de Souza Júnior, P.R.B. 2021. Increasing trends in obesity prevalence from 2013 to 2019 and associated factors in Brazil. Rev. bras. Epidemiol. 24 (suppl 2), 10 Dec 2021. <https://doi.org/10.1590/1980-549720210009.supl.2>

Notes: Data from Pesquisa nacional de saúde 2019 (PNS-2019)

Definitions: Per capita household income: Lower = <1 minimum wage; Median = ≥1 and <2 minimum wages; Higher = ≥2 minimum wages.

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

Women, 2019



Survey type: Measured

Age: 18+

Sample size: 6672

Area covered: National

References: de Souza Ferreira, A.P., Szwarcwald, C.L., Damacena, G.N., de Souza Júnior, P.R.B. 2021. Increasing trends in obesity prevalence from 2013 to 2019 and associated factors in Brazil. Rev. bras. Epidemiol. 24 (suppl 2), 10 Dec 2021. <https://doi.org/10.1590/1980-549720210009.supl.2>

Notes: Data from Pesquisa nacional de saúde 2019 (PNS-2019)

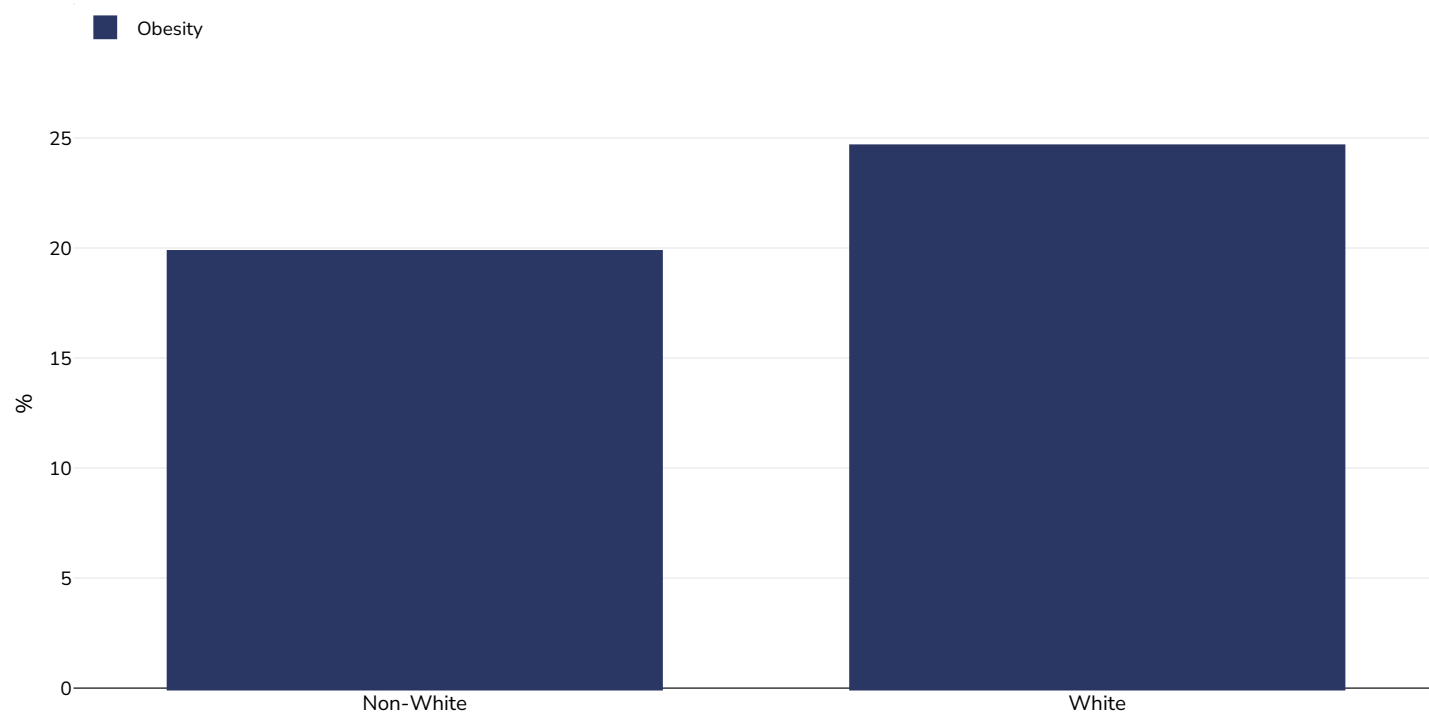
Definitions: Per capita household income: Lower = <1 minimum wage; Median = ≥1 and <2 minimum wages; Higher = ≥2 minimum wages.

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

Overweight/obesity by ethnicity

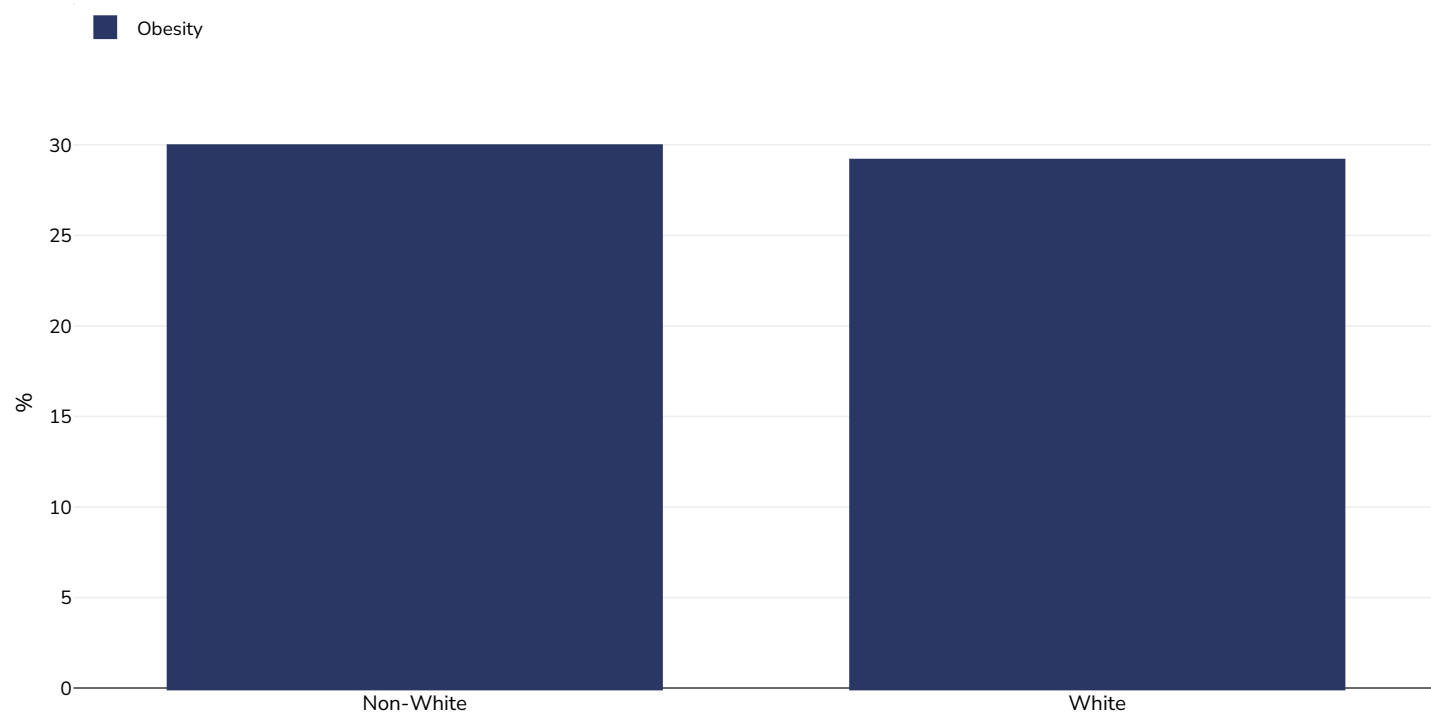
Ethnic groups are as defined by publication of origin and are not as defined by WOF. In some instances ethnicity is conflated with nationality and/or race.

Men, 2019



Survey type:	Measured
Age:	18+
Sample size:	6672
Area covered:	National
References:	de Souza Ferreira, A.P., Szwarcwald, C.L., Damacena, G.N., de Souza Júnior, P.R.B. 2021. Increasing trends in obesity prevalence from 2013 to 2019 and associated factors in Brazil. Rev. bras. Epidemiol. 24 (suppl 2), 10 Dec 2021. https://doi.org/10.1590/1980-549720210009.supl.2
Notes:	Data from Pesquisa nacional de saúde 2019 (PNS-2019)
Definitions:	Race/skin color aggregated as white and not white (brown and black), excluding yellow and indigenous people due to their low representation in the PNS
Unless otherwise noted, overweight refers to a BMI between 25kg and 29.9kg/m ² , obesity refers to a BMI greater than 30kg/m ² .	

Women, 2019



Survey type: Measured

Age: 18+

Sample size: 6672

Area covered: National

References: de Souza Ferreira, A.P., Szwarcwald, C.L., Damacena, G.N., de Souza Júnior, P.R.B. 2021. Increasing trends in obesity prevalence from 2013 to 2019 and associated factors in Brazil. Rev. bras. Epidemiol. 24 (suppl 2), 10 Dec 2021. <https://doi.org/10.1590/1980-549720210009.supl.2>

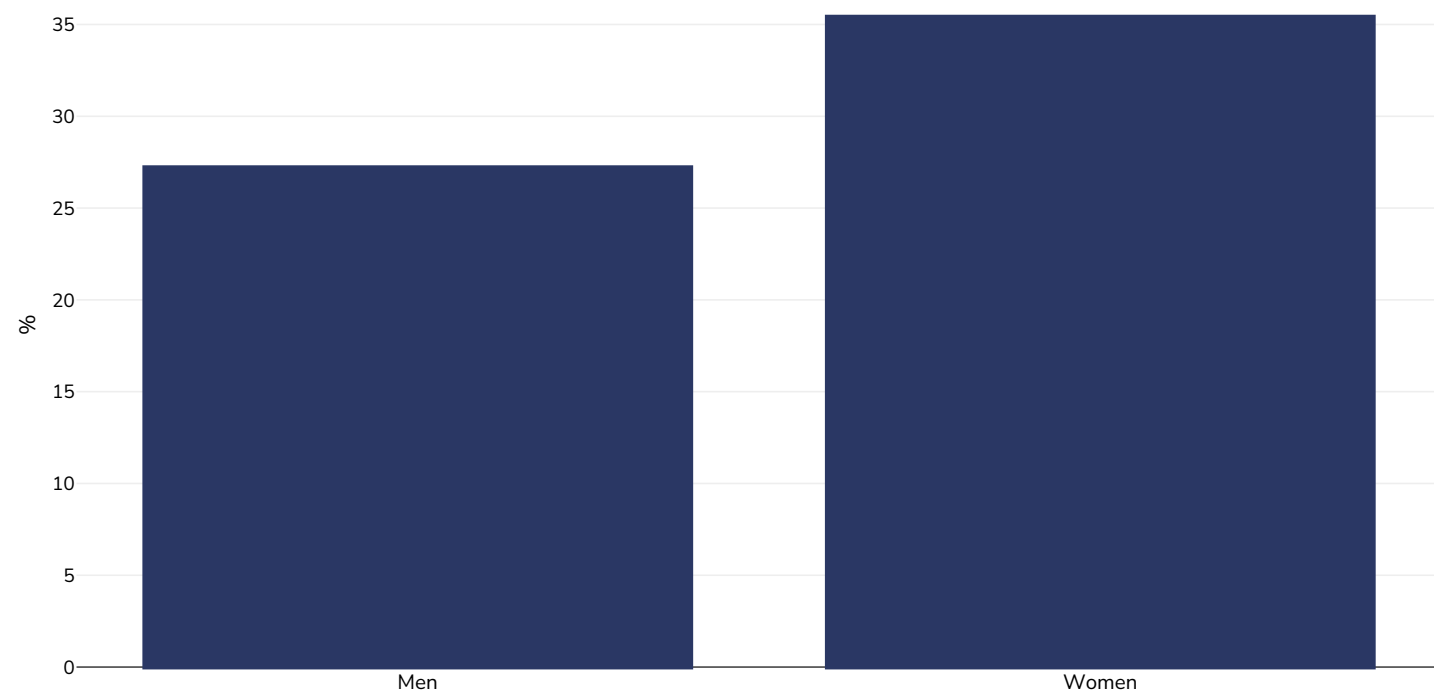
Notes: Data from Pesquisa nacional de saúde 2019 (PNS-2019)

Definitions: Race/skin color aggregated as white and not white (brown and black), excluding yellow and indigenous people due to their low representation in the PNS

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

Double burden of underweight & overweight

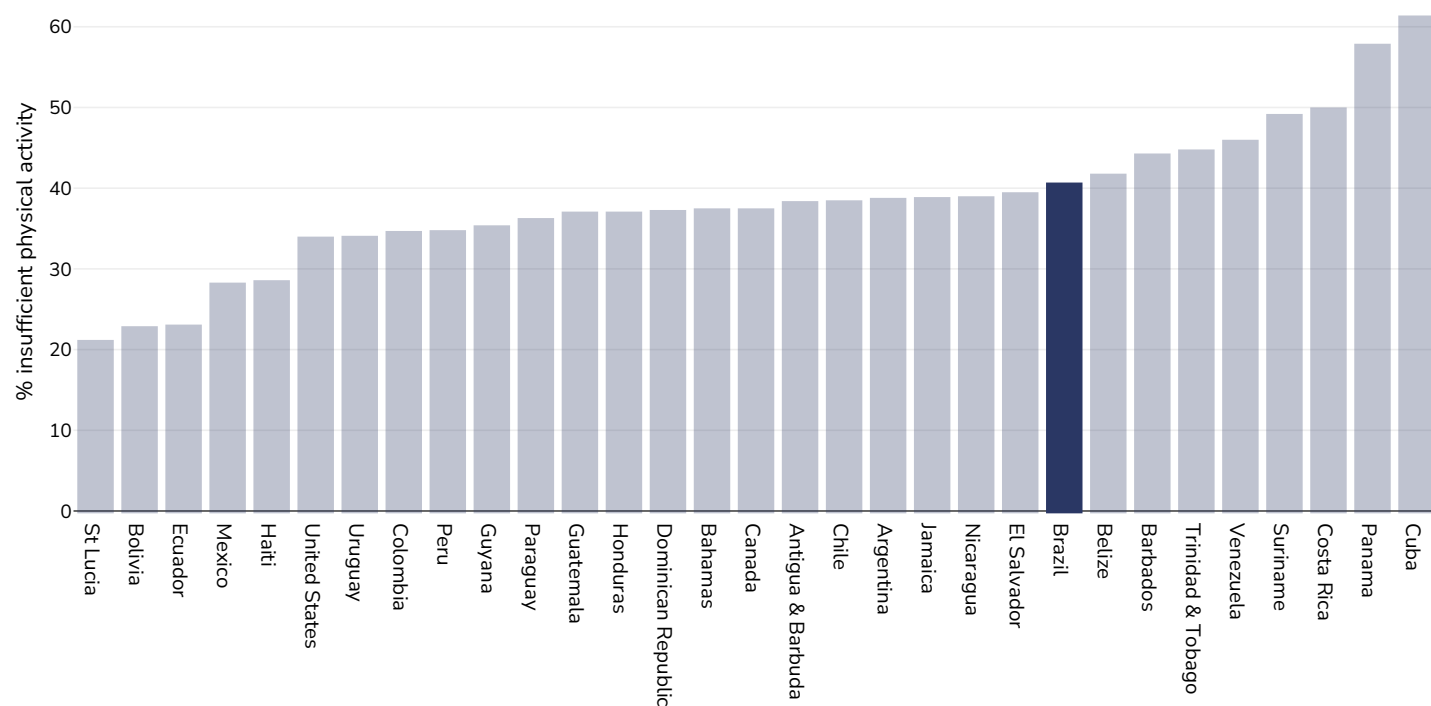
Adults, 2022



Survey type:	Measured
Age:	20+
References:	NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in underweight and obesity from 1990 to 2022: a pooled analysis of 3663 population representative studies with 222 million children, adolescents, and adults. Lancet 2024; published online Feb 29. https://doi.org/10.1016/S0140-6736(23)02750-2 .
Notes:	Age Standardised estimates
Definitions:	Combined prevalence of BMI<18.5 kg/m ² and BMI≥30 kg/m ² (double burden of underweight and obesity)

Insufficient physical activity

Adults, 2022



Survey type: Self-reported

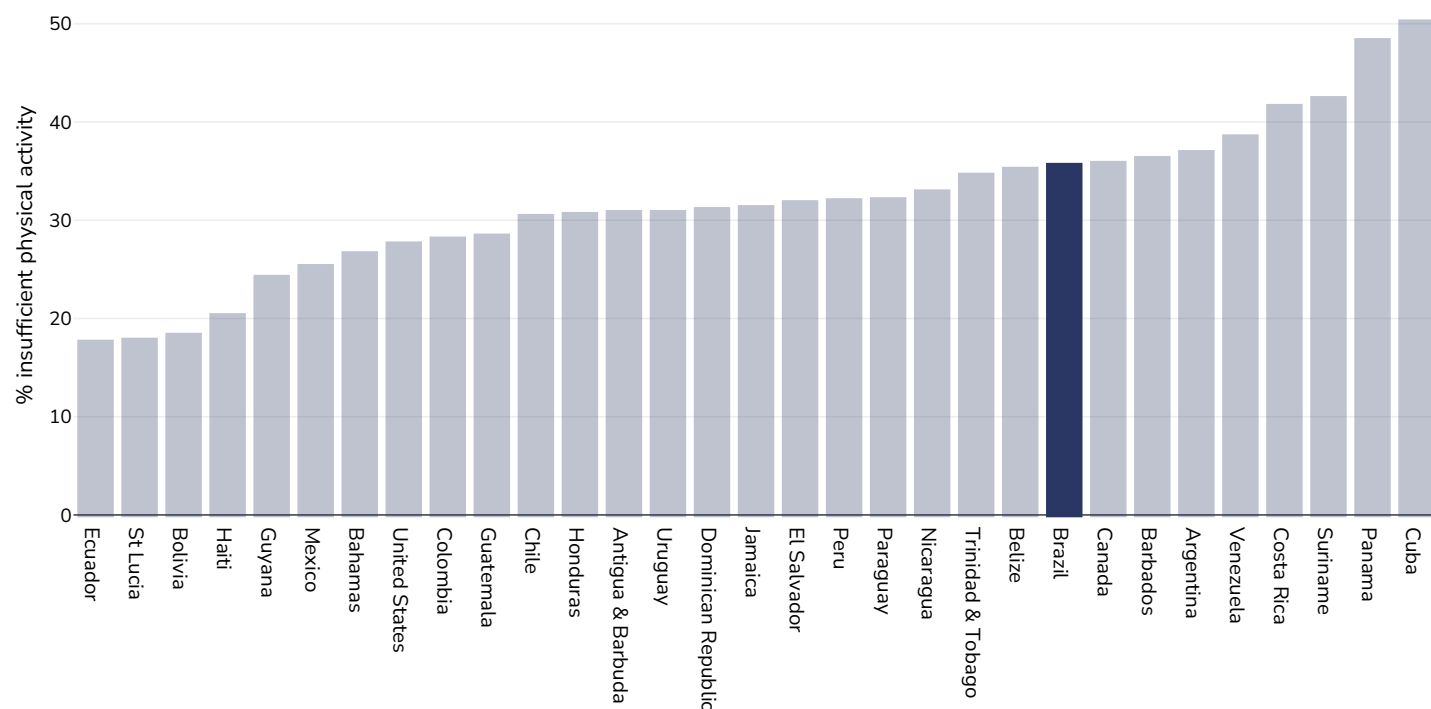
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Men, 2022



Survey type: Self-reported

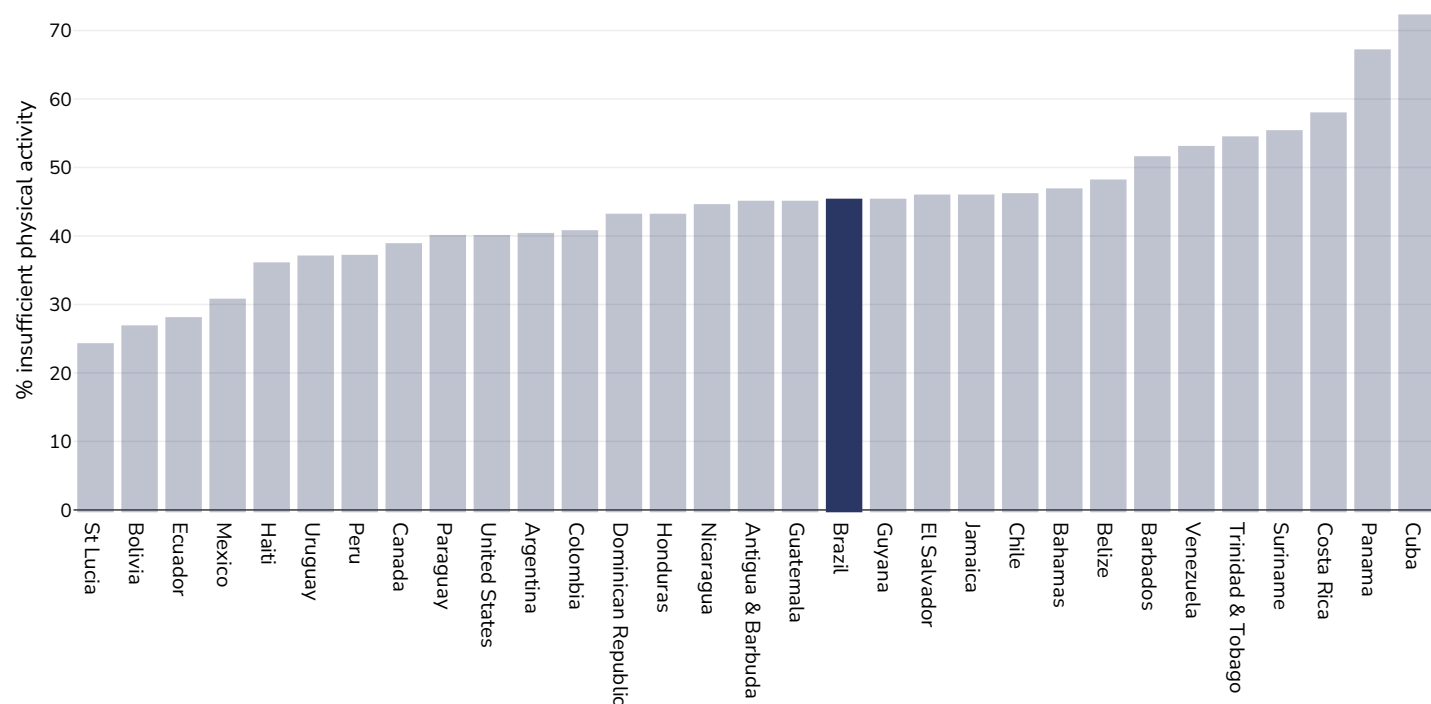
Age: 18+

Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Women, 2022



Survey type: Self-reported

Age: 18+

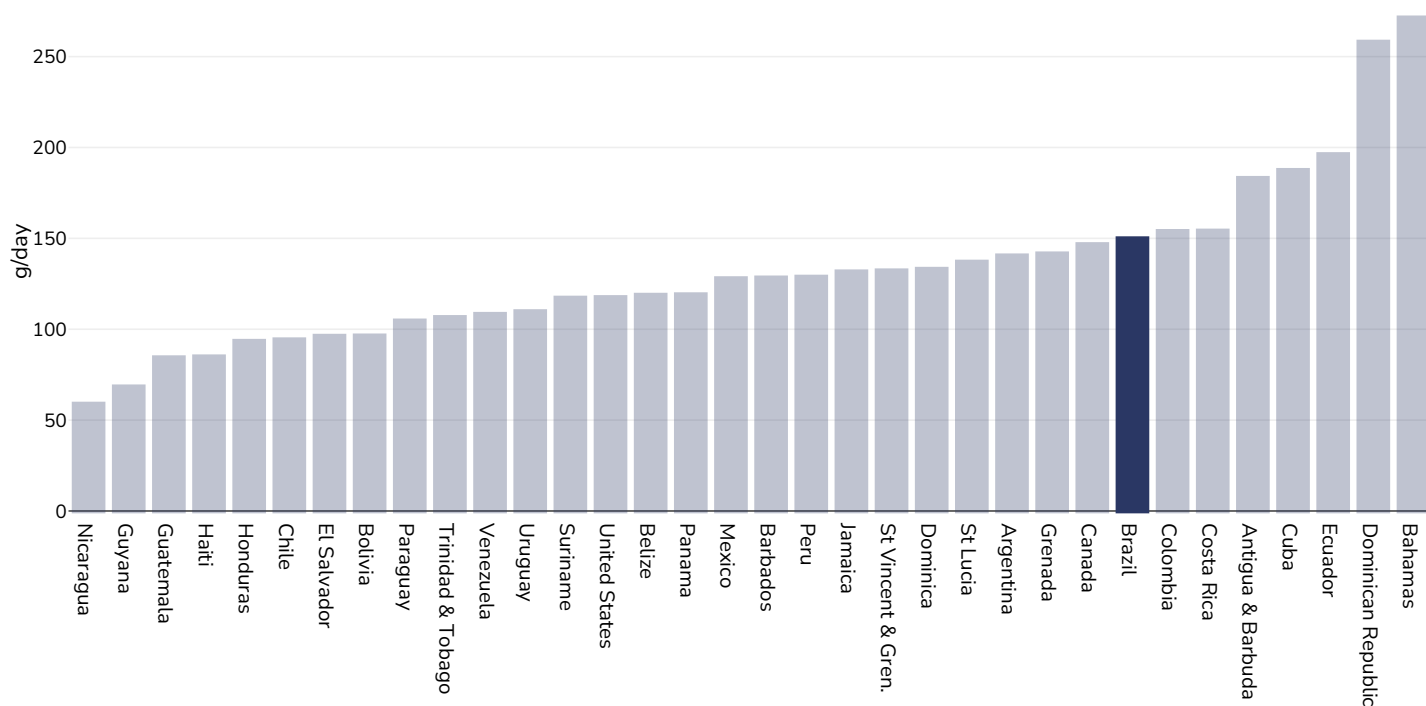
Area covered: National

References: WHO (2024). Prevalence of insufficient physical activity among adults aged 18-years age-standardized estimate in 2022. Available at [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-insufficient-physical-activity-among-adults-aged-18-years-(age-standardized-estimate)-(-))

Definitions: Percent of population attaining less than 150 minutes of moderate-intensity physical activity per week, or less than 75 minutes of vigorous-intensity physical activity per week, or equivalent.

Estimated per capita fruit intake

Adults, 2017



Survey type: Measured

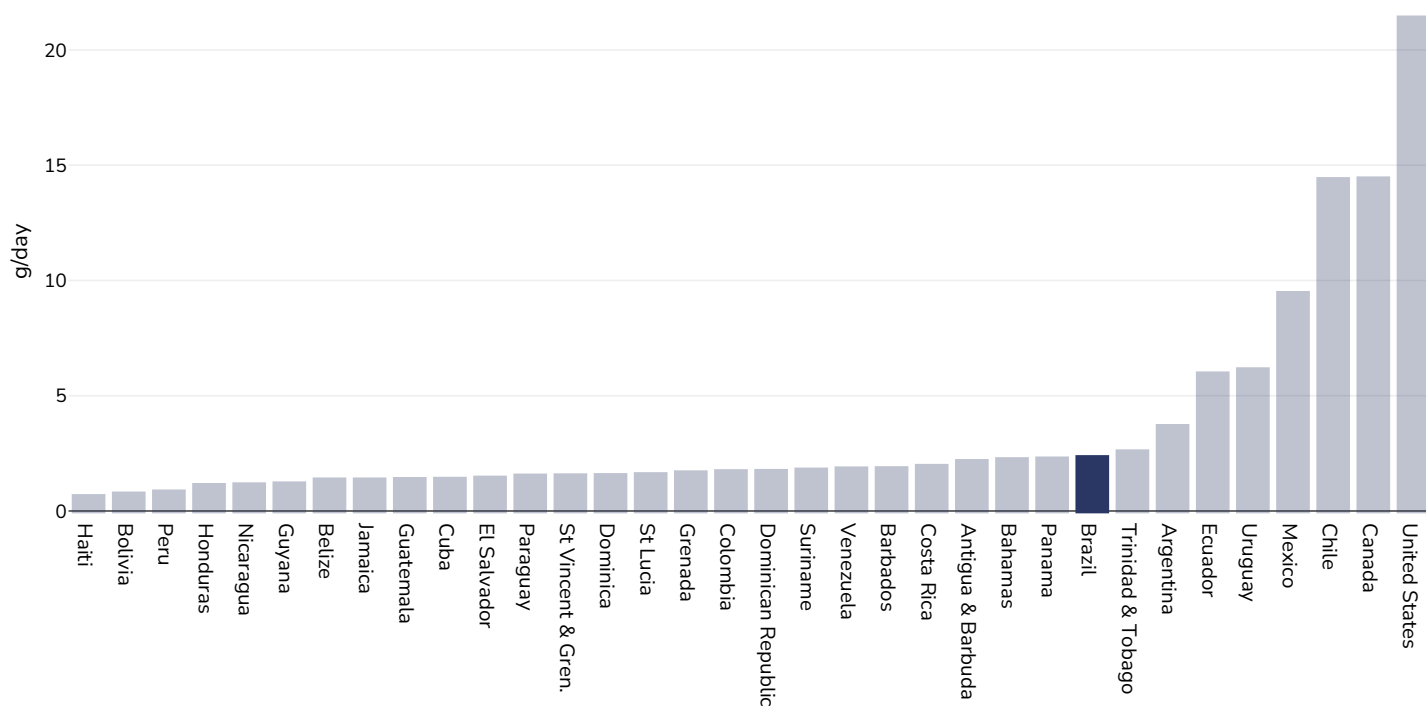
Age: 25+

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

Definitions: Estimated per-capita fruit intake (g/day)

Estimated per-capita processed meat intake

Adults, 2017



Survey type: Measured

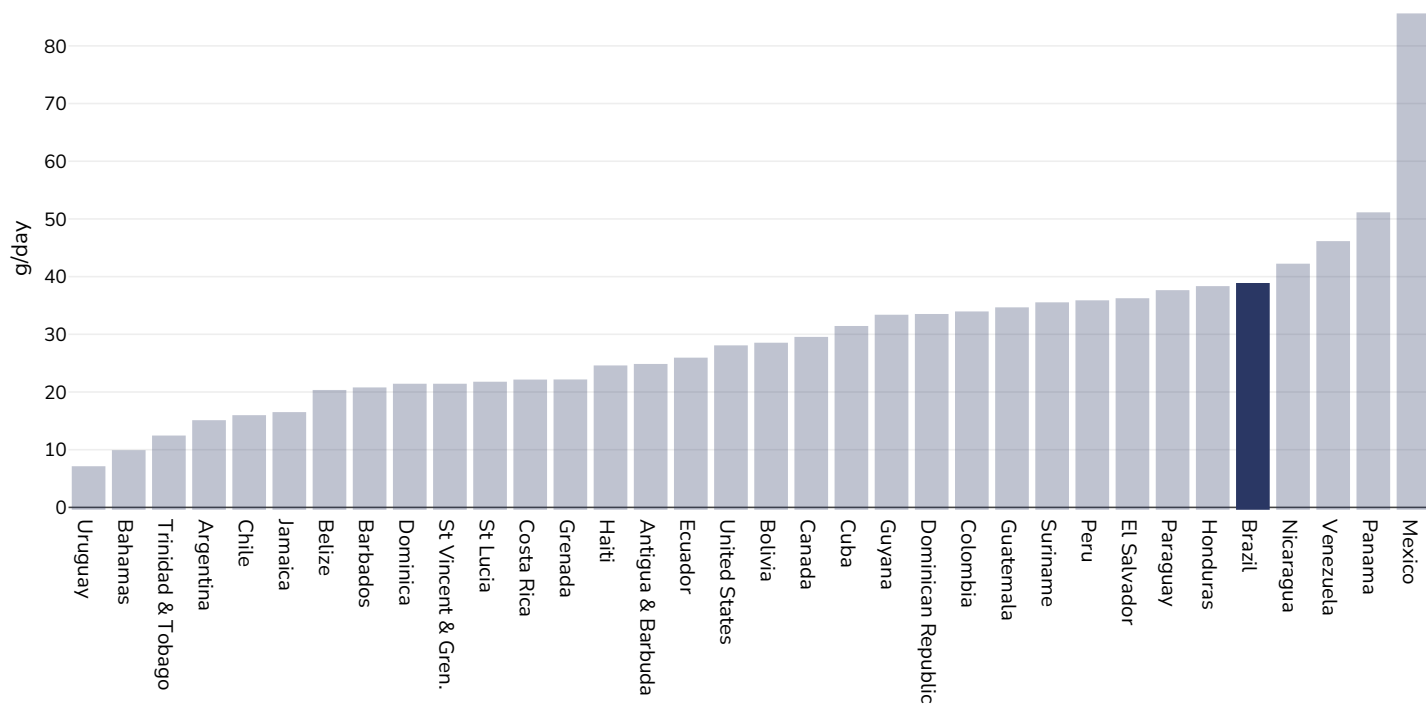
Age: 25+

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, 2021



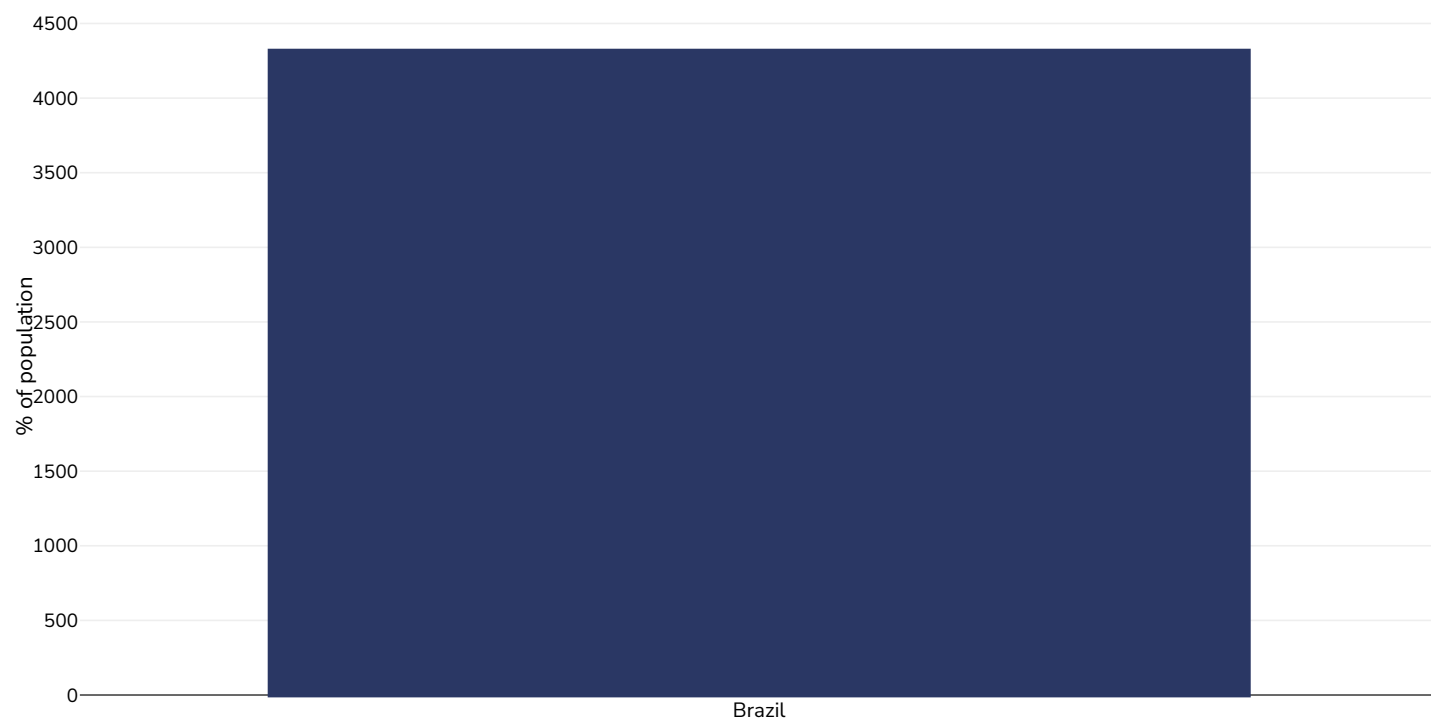
Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Men, 2021



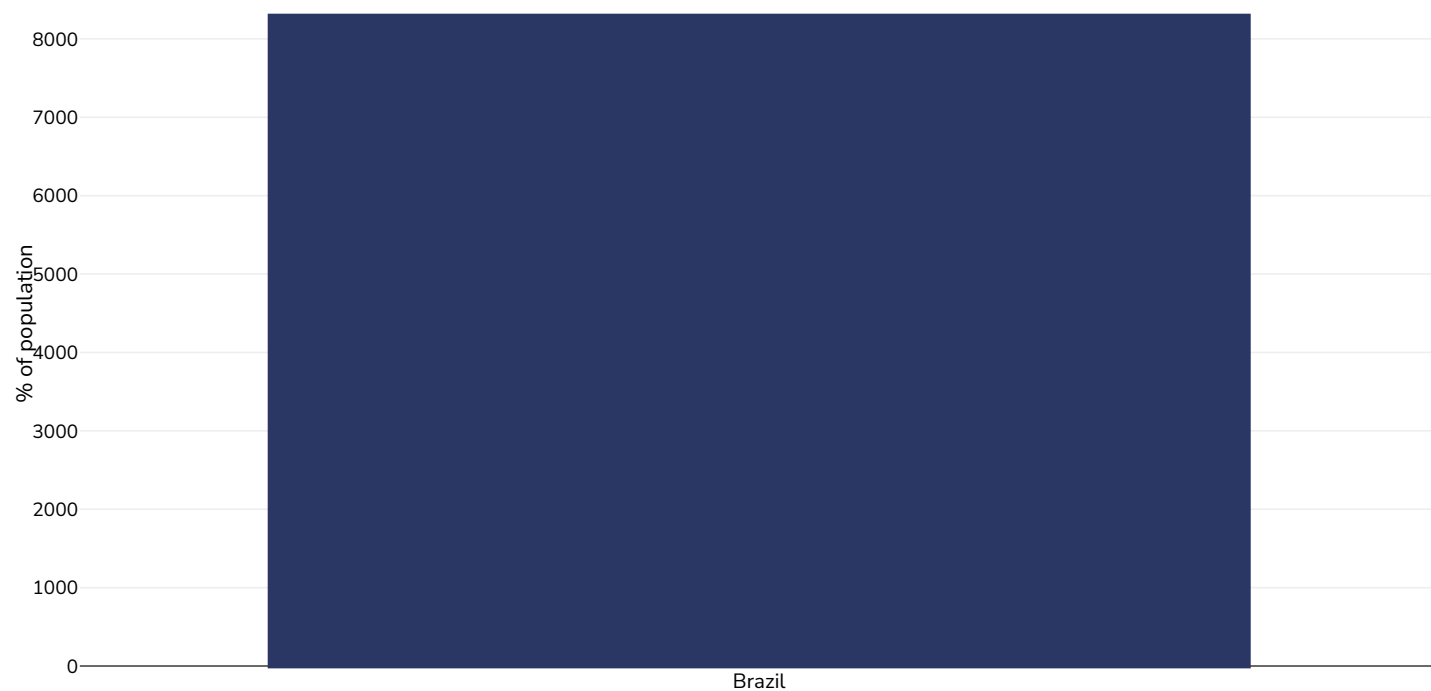
Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Women, 2021



Age: 20+

Area covered: National

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25)

Definitions: Number living with depression per 100,000 population (adults 20+ years)

Mental health - anxiety disorders

Adults, 2021

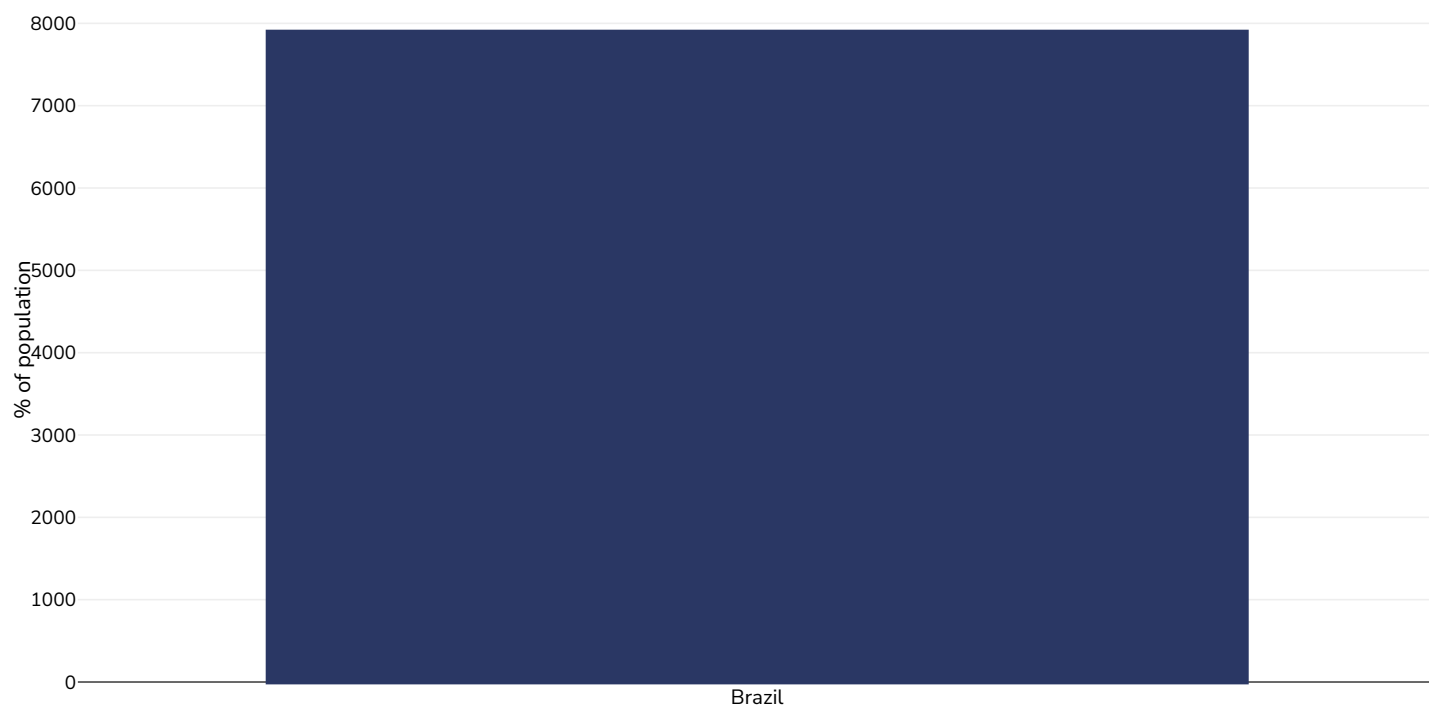


Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

Men, 2021

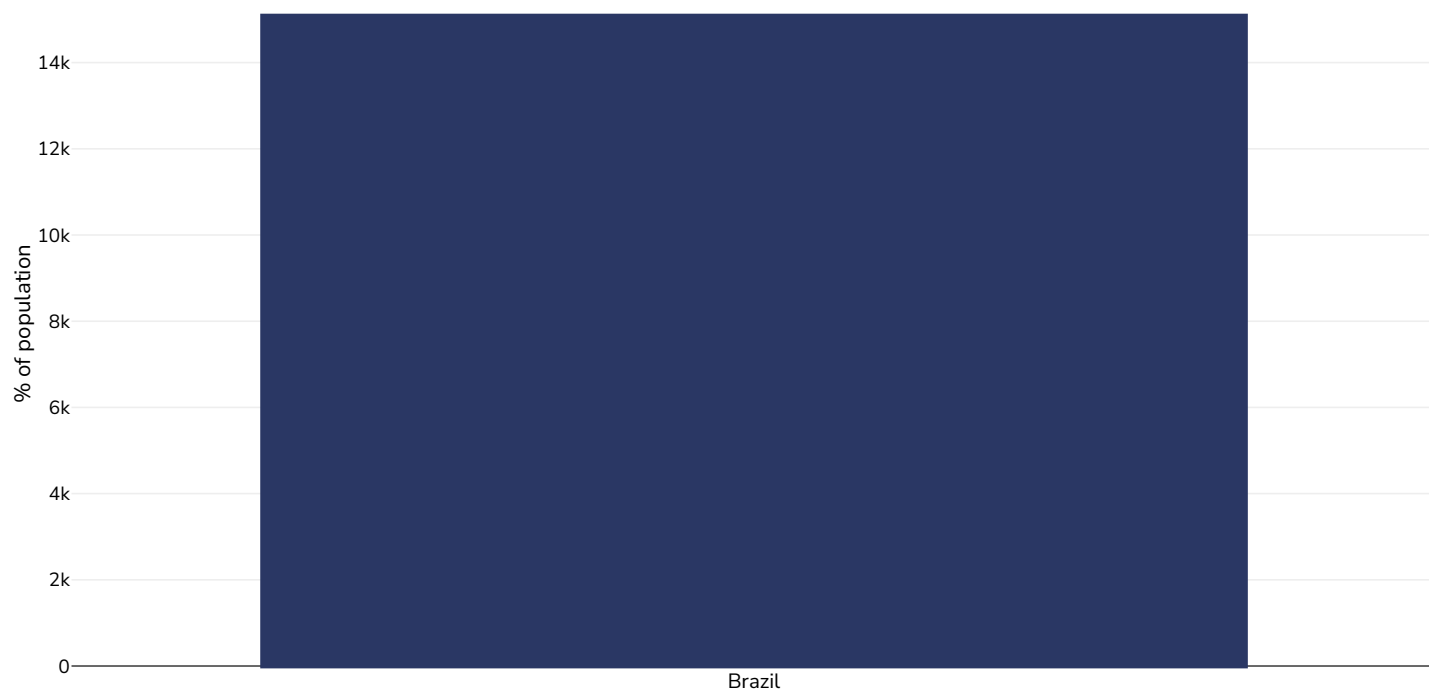


Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

Women, 2021



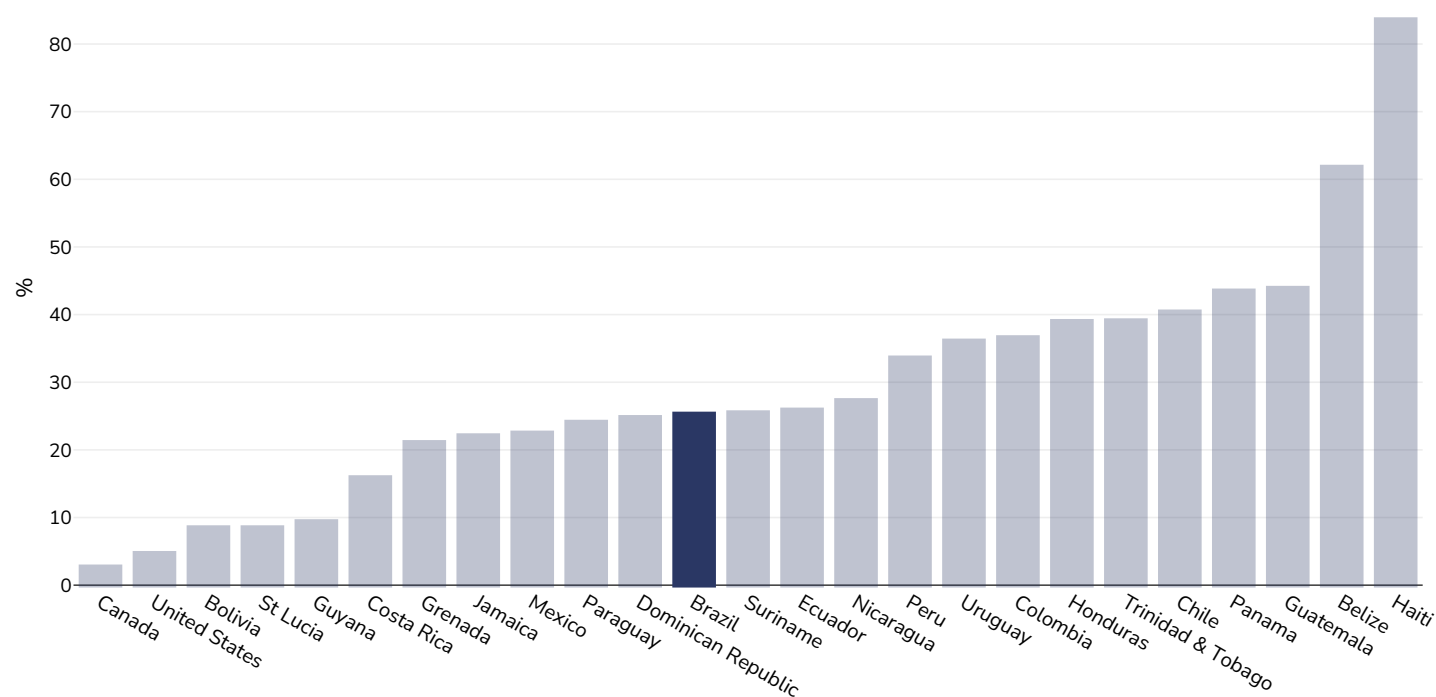
Age: 20+

References: Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Global Burden of Disease (GBD) Study 2021. Seattle, WA: IHME, University of Washington, 2023. Available from <http://vizhub.healthdata.org/gbd-compare>. (Last accessed 23.04.25).

Definitions: Number living with anxiety per 100,000 population

Percent of population who cannot afford a healthy diet

Adults, 2022



Area covered:

National

References:

The Food Systems Dashboard. The Global Alliance for Improved Nutrition (GAIN), The Columbia Climate School, and Cornell University College of Agriculture and Life Sciences. 2024. Geneva, Switzerland. <https://www.foodsystemsdashboard.org>. DOI: <https://doi.org/10.36072/db>.

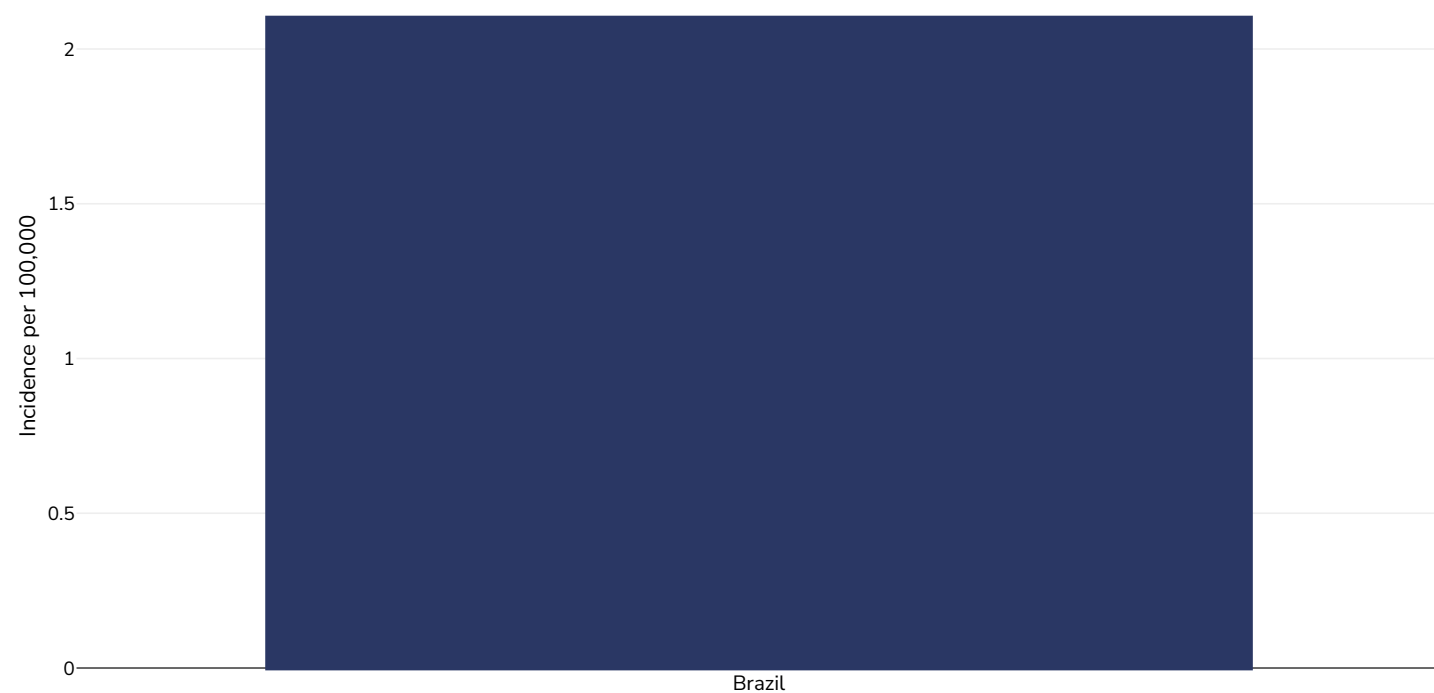
Oesophageal cancer

Men, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Indicence per 100,000

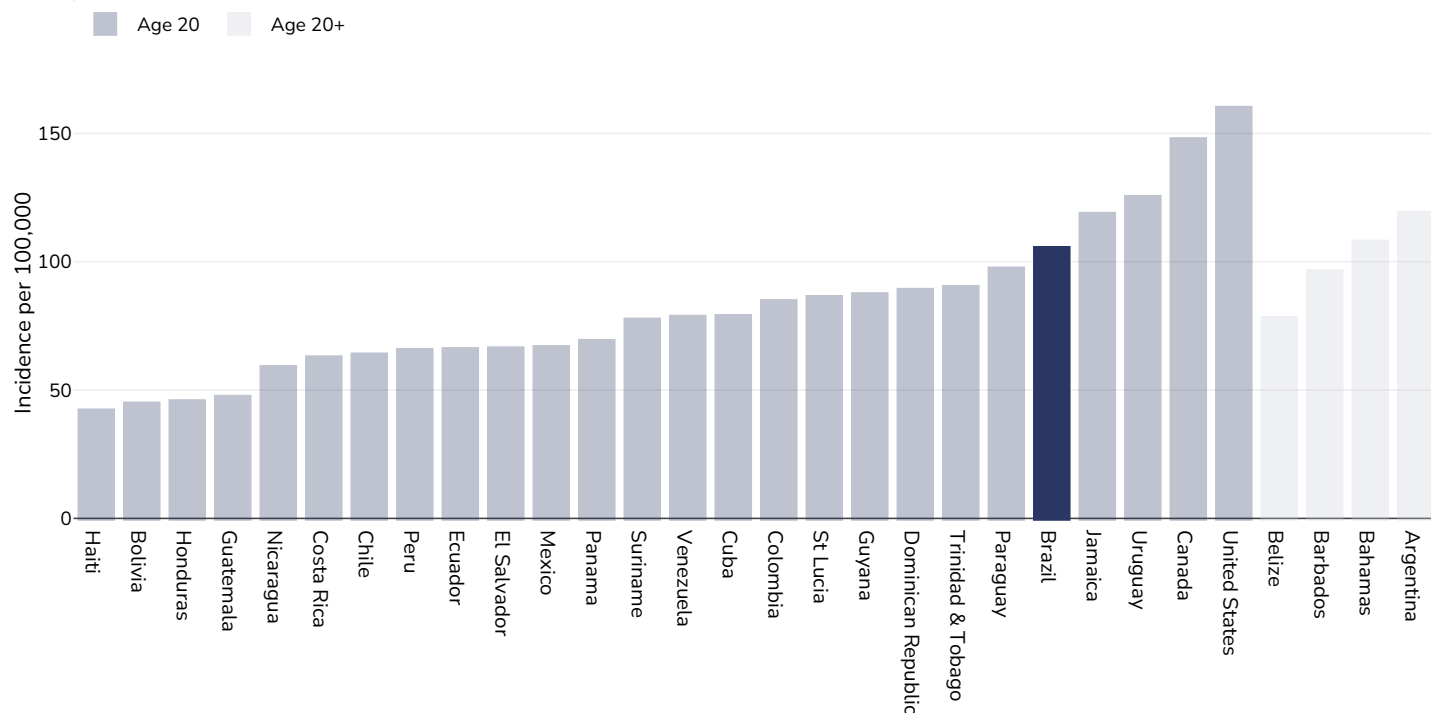
Women, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Indicence per 100,000

Breast cancer

Women, 2022



Area covered:

National

References:

Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions:

Incidence per 100,000

Colorectal cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Pancreatic cancer

Men, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Incidence per 100,000

Women, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Incidence per 100,000

Gallbladder cancer

Men, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Kidney cancer

Men, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Incidence per 100,000

Women, 2022



Age:	20+
Area covered:	National
References:	Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024).Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: https://gco.iarc.who.int/today , accessed [16.07.24]
Definitions:	Incidence per 100,000

Cancer of the uterus

Women, 2022



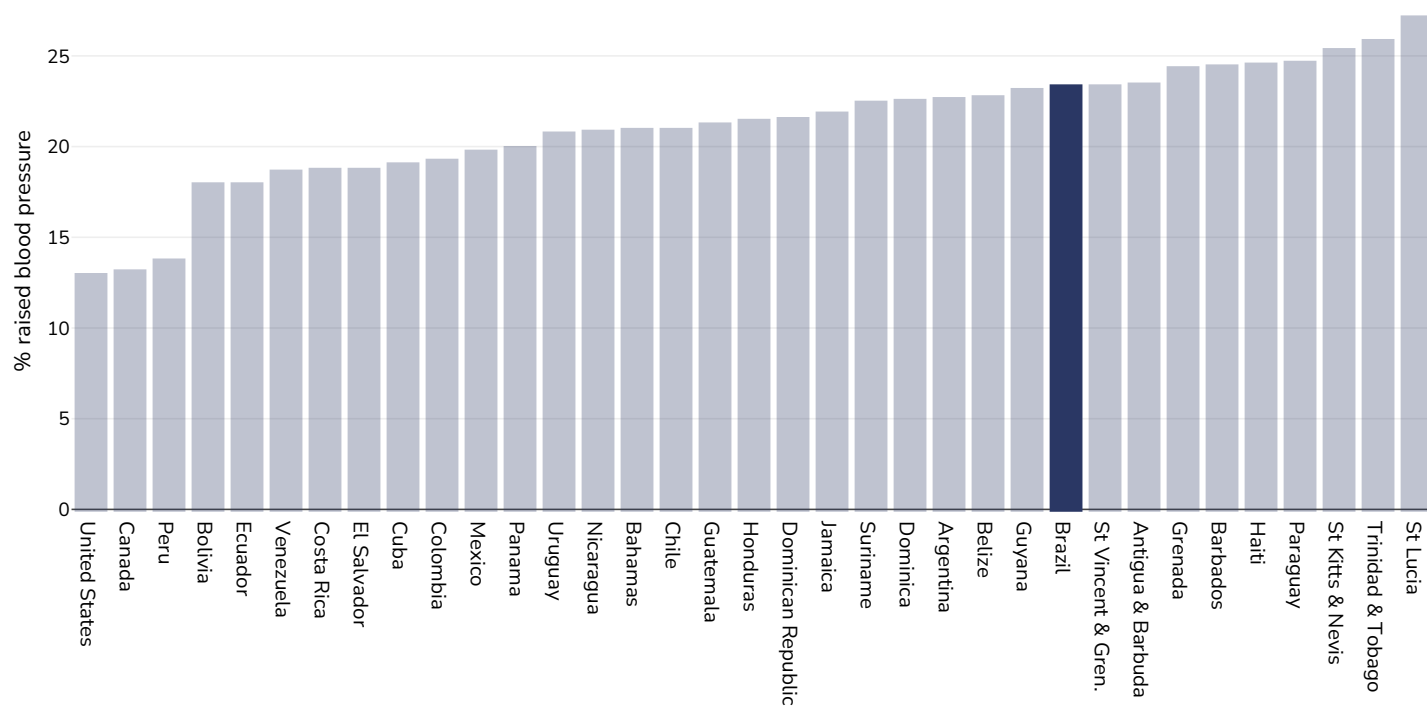
Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Raised blood pressure

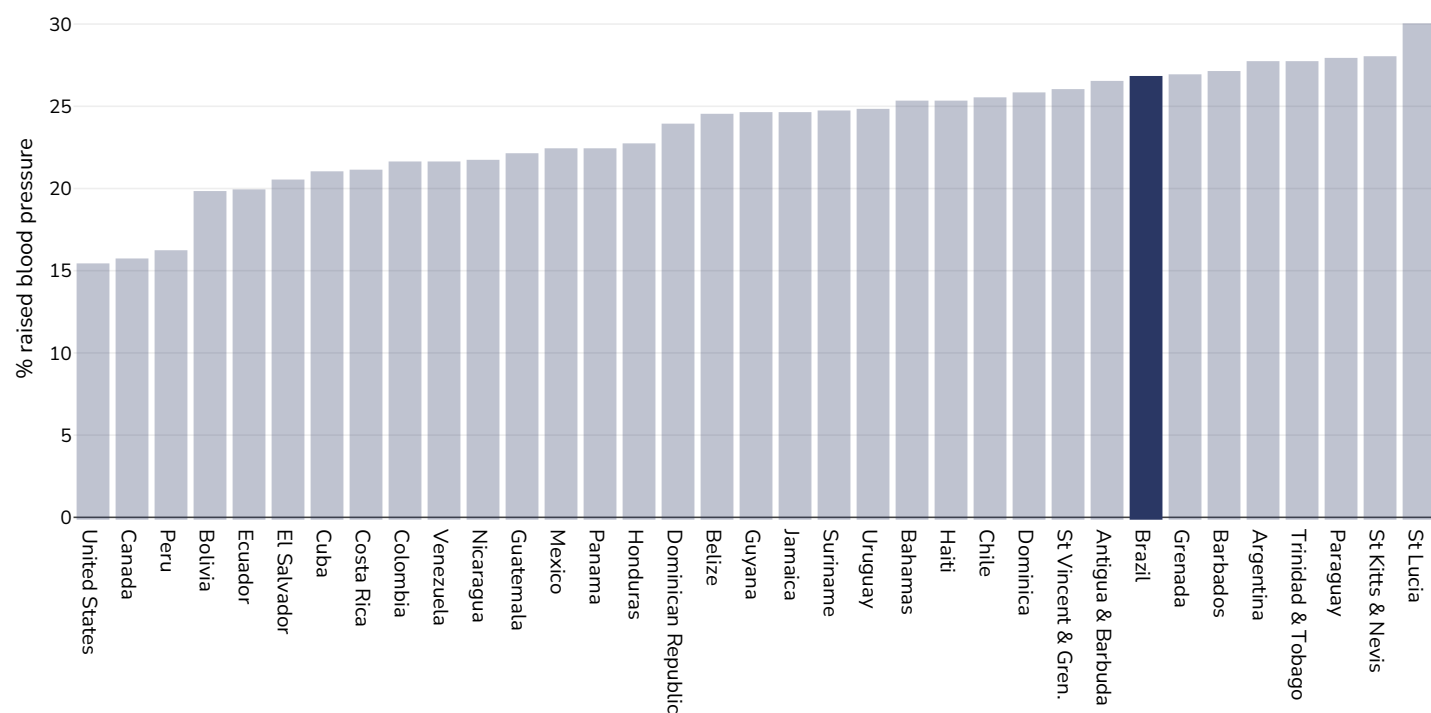
Adults, 2015



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 $\geq$ 140 OR DBP $\geq$ 90).

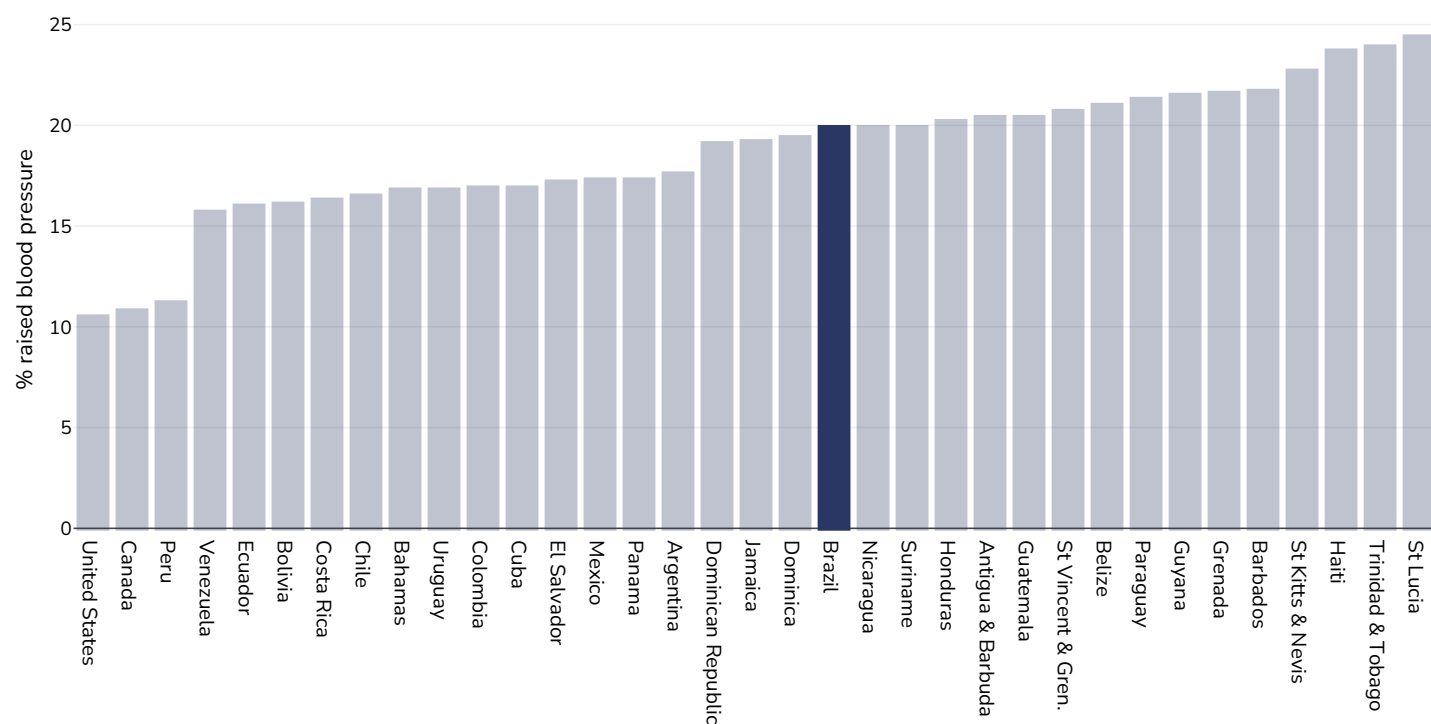
Men, 2015



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 $\geq$ 140 OR DBP $\geq$ 90).

Women, 2015

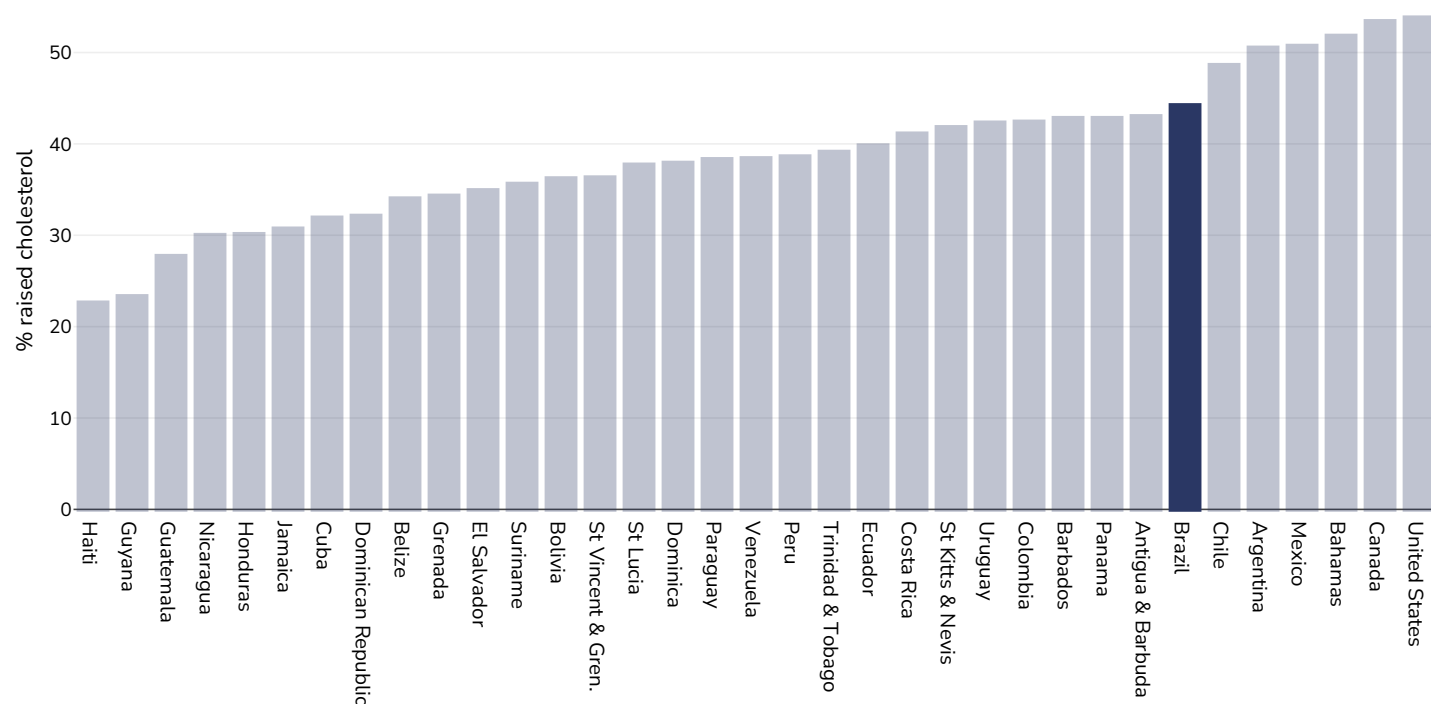


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A875?lang=en>

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

Raised cholesterol

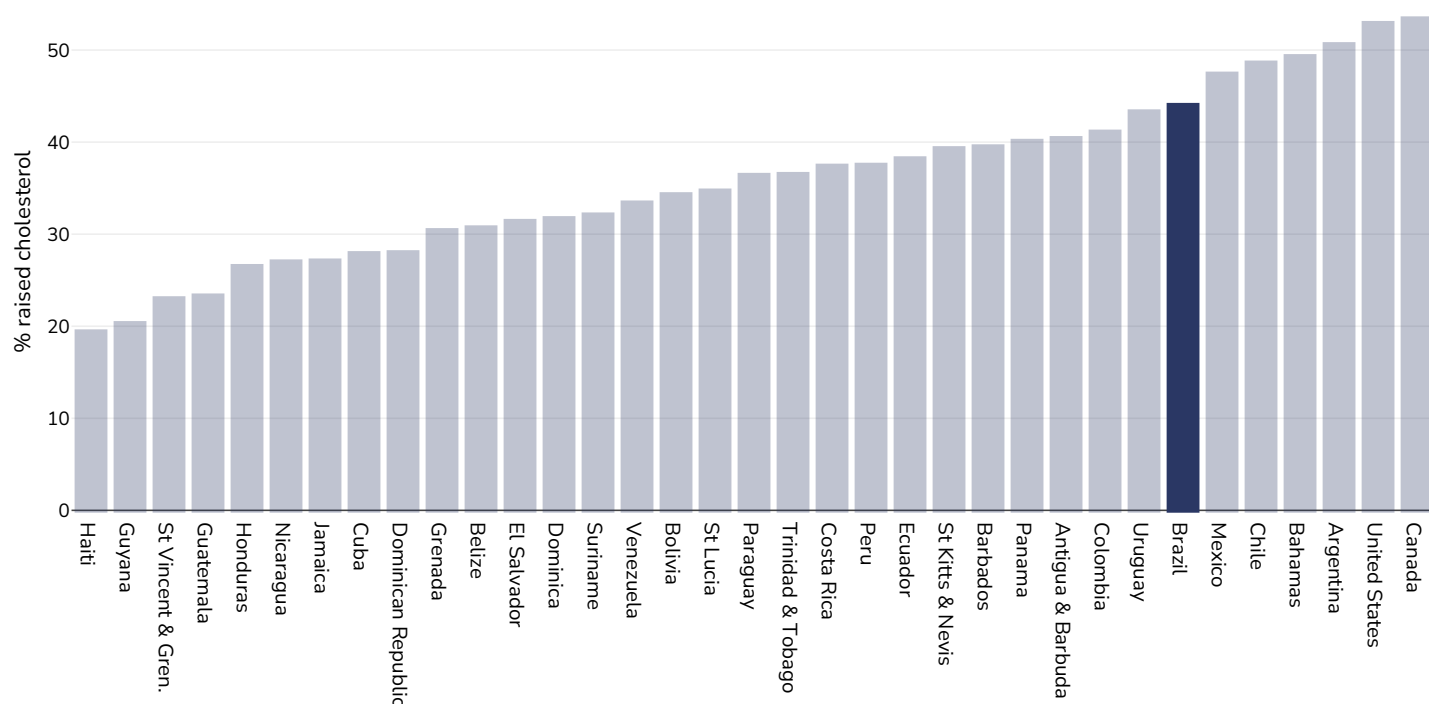
Adults, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

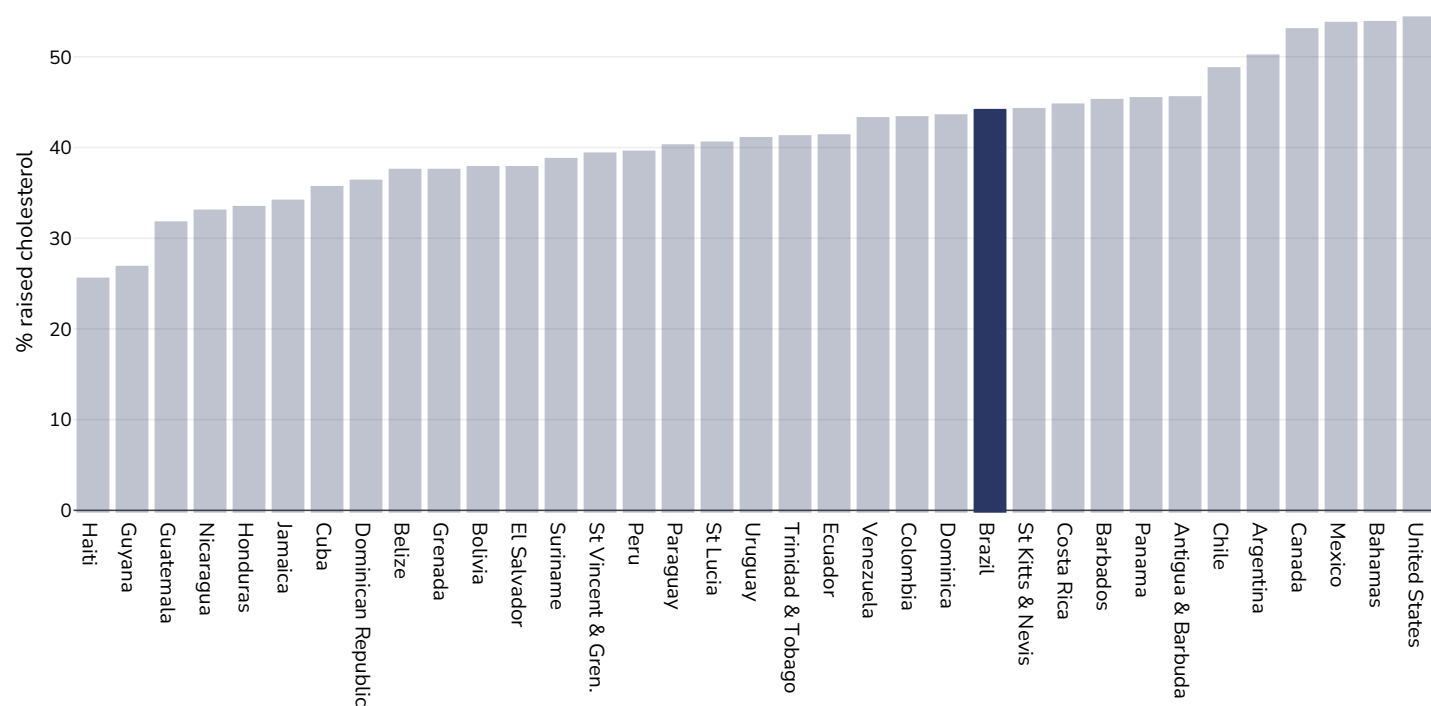
Men, 2008



References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

Women, 2008

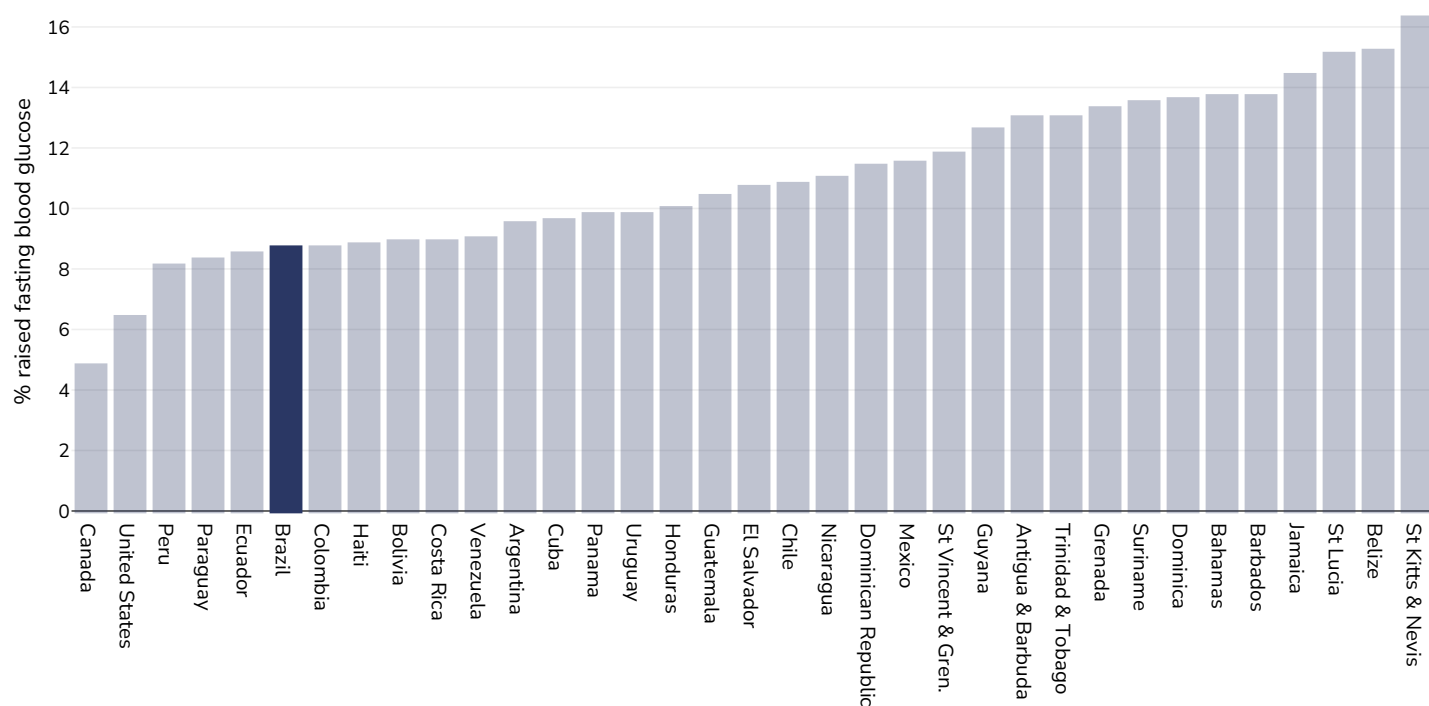


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A885>

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

Raised fasting blood glucose

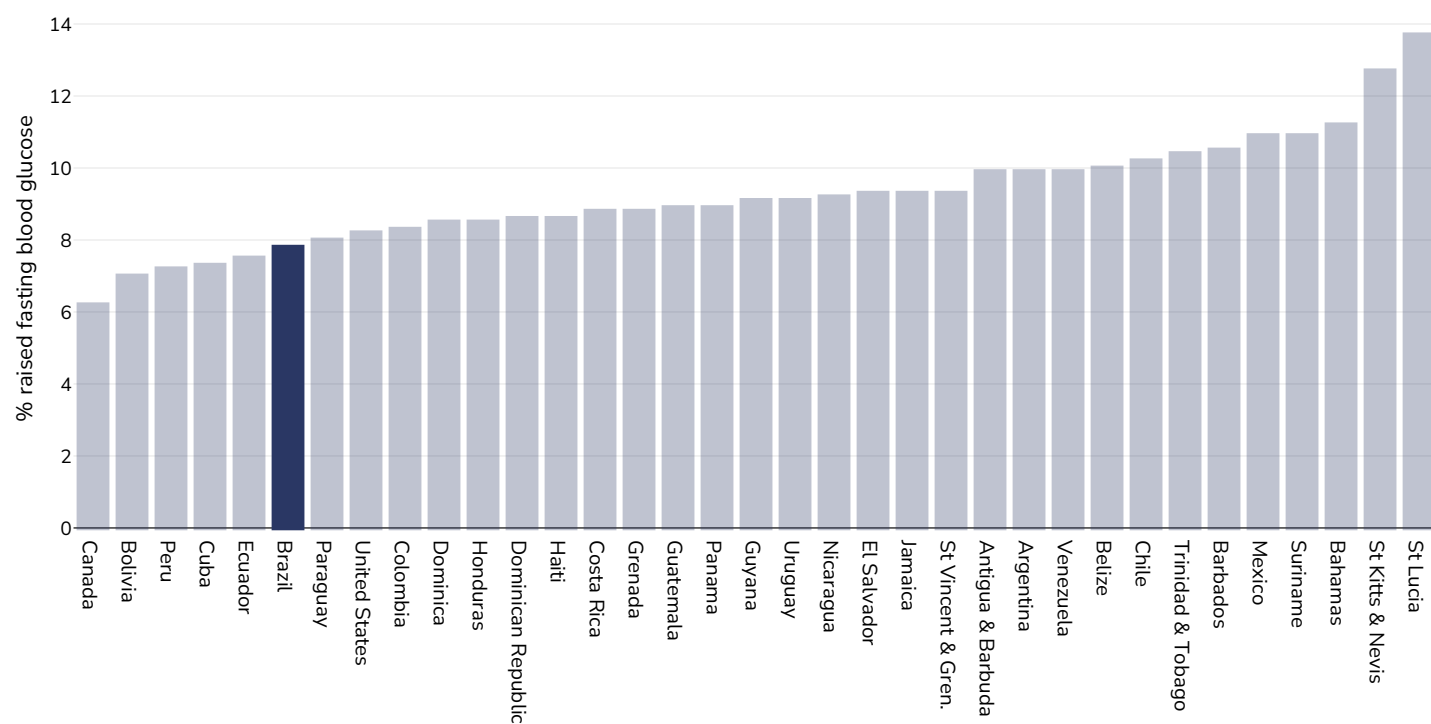
Men, 2014



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).

Women, 2014

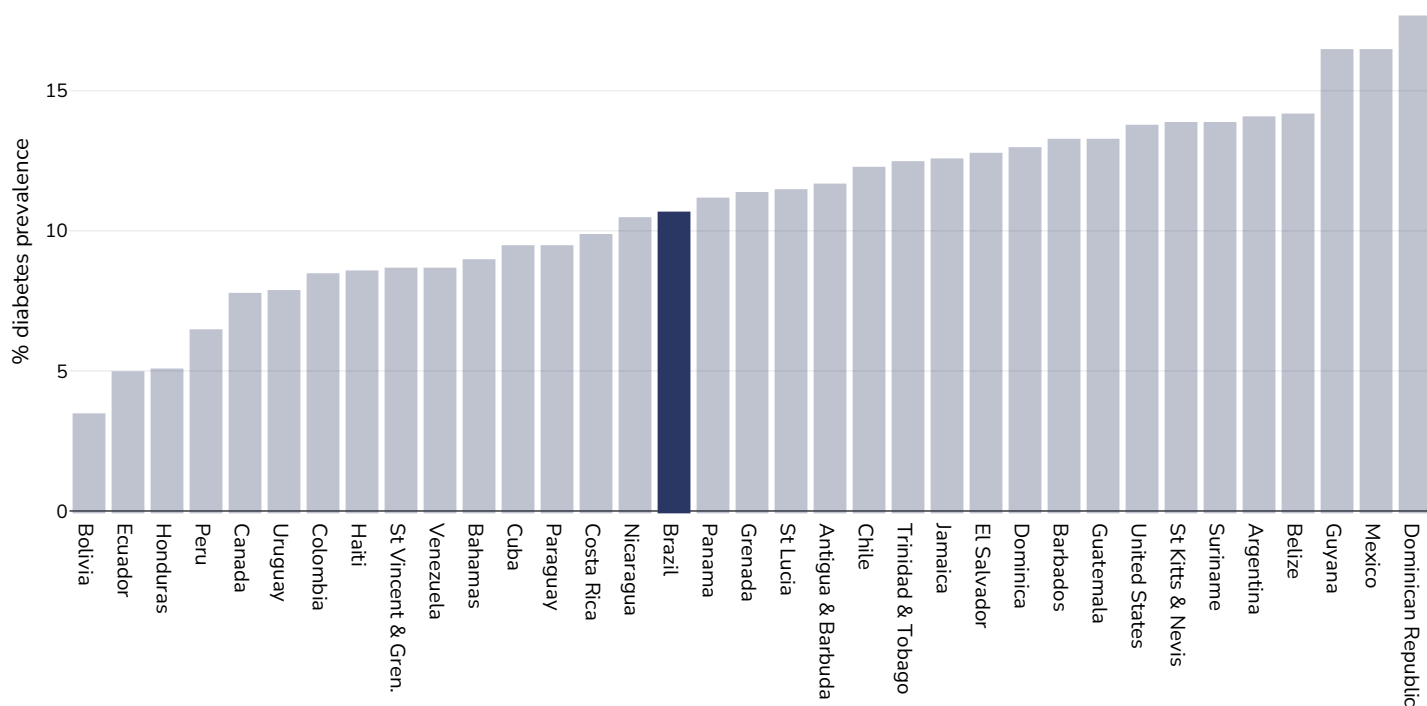


References: Global Health Observatory data repository, World Health Organisation, <http://apps.who.int/gho/data/node.main.A869?lang=en>

Definitions: Age Standardised % raised fasting blood glucose (≥ 7.0 mmol/L or on medication).

Diabetes prevalence

Adults, 2024

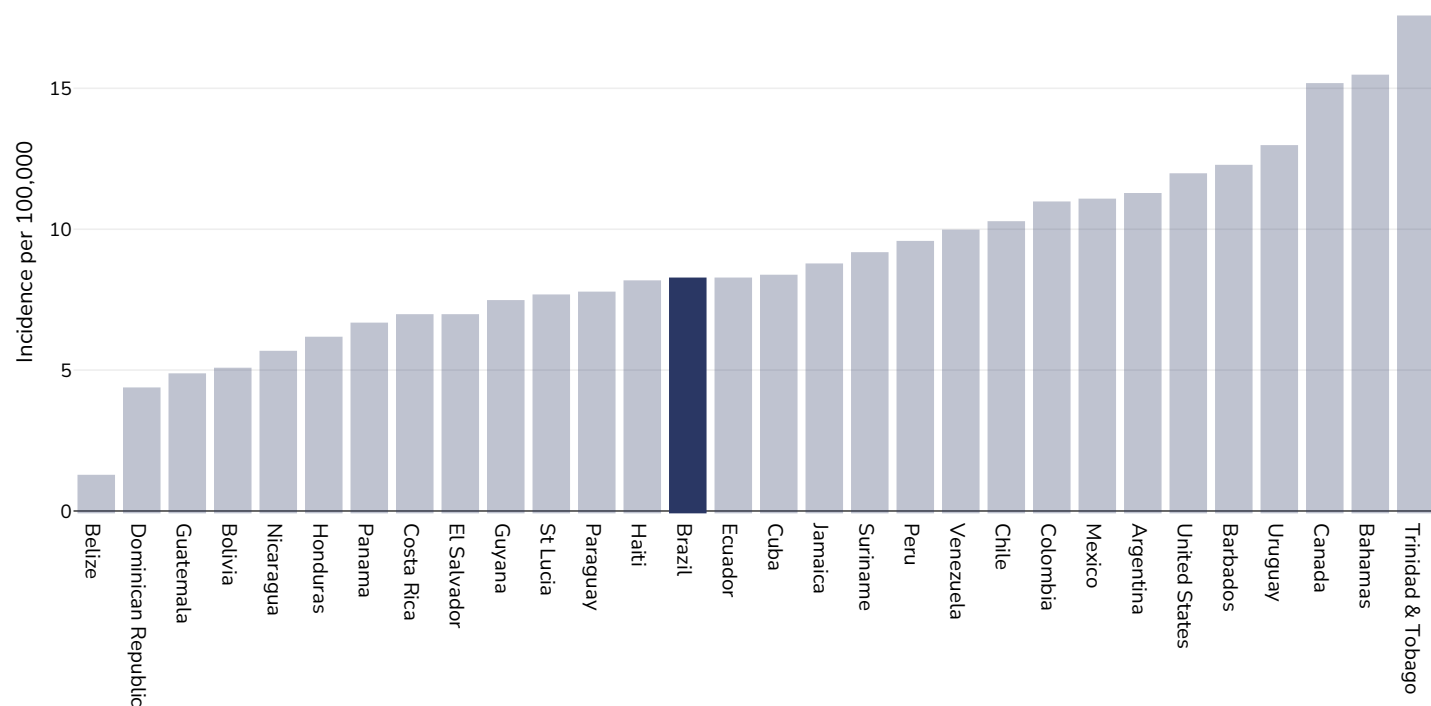


References:

Reproduced with kind permission International Diabetes Federation. IDF Diabetes Atlas, 11th edn. Brussels, Belgium:International Diabetes Federation, 2025. <http://www.diabetesatlas.org>

Ovarian Cancer

Women, 2022



Age: 20+

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Leukemia

Men, 2022



Age: 20+

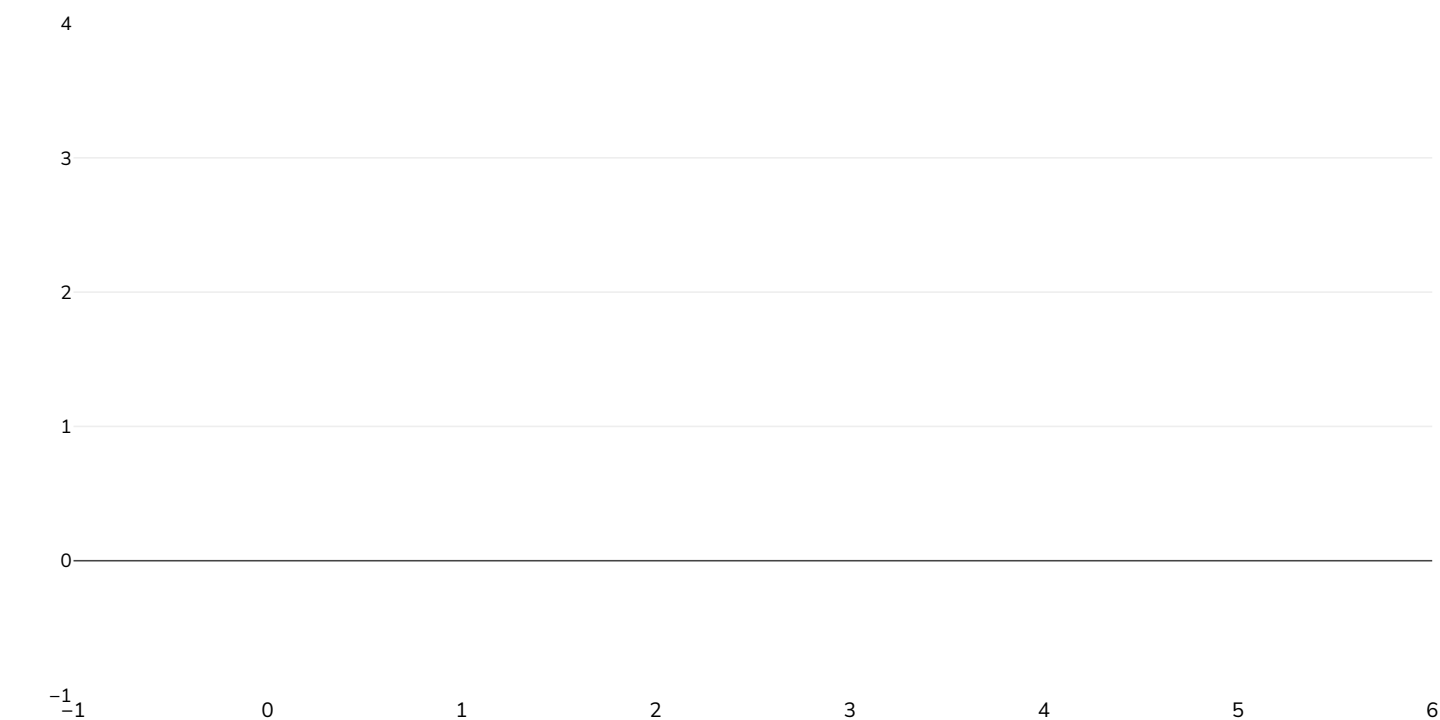
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

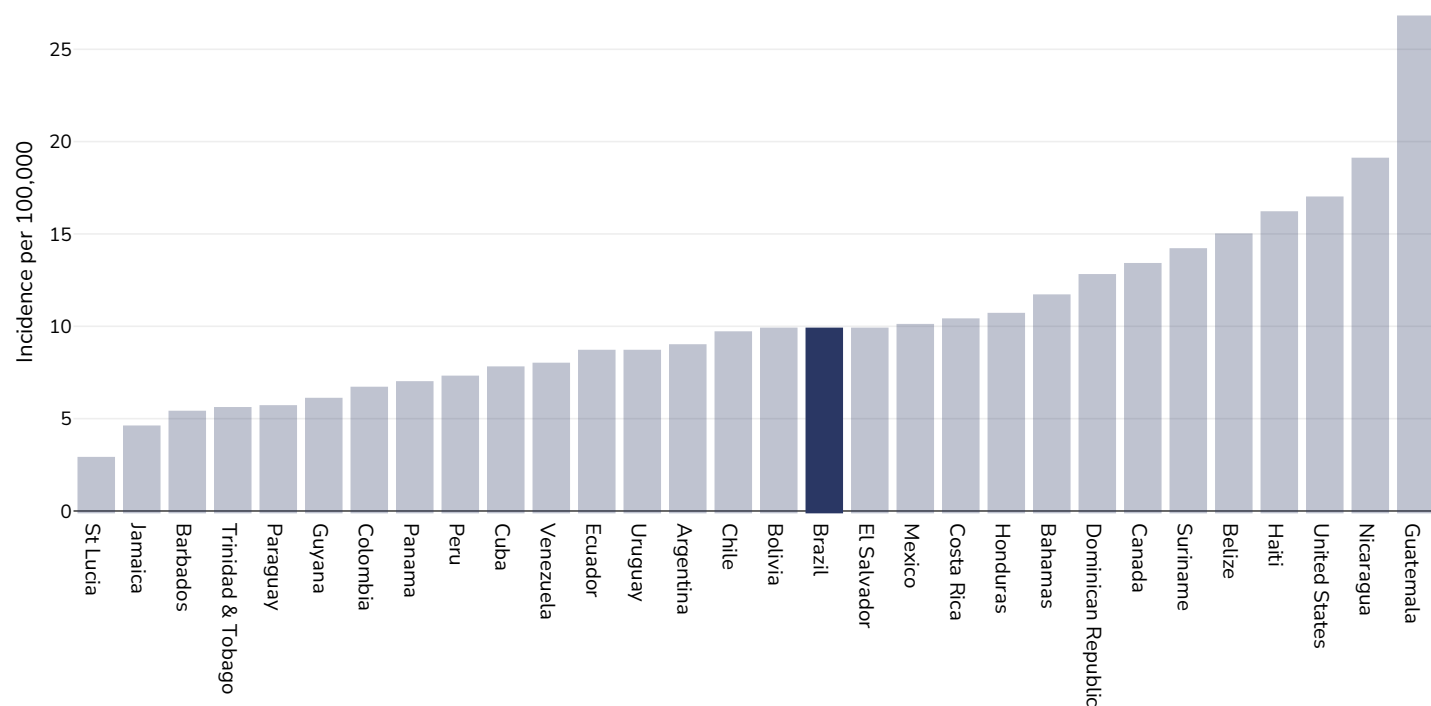
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Liver and intrahepatic bile duct Cancer

Men, 2022



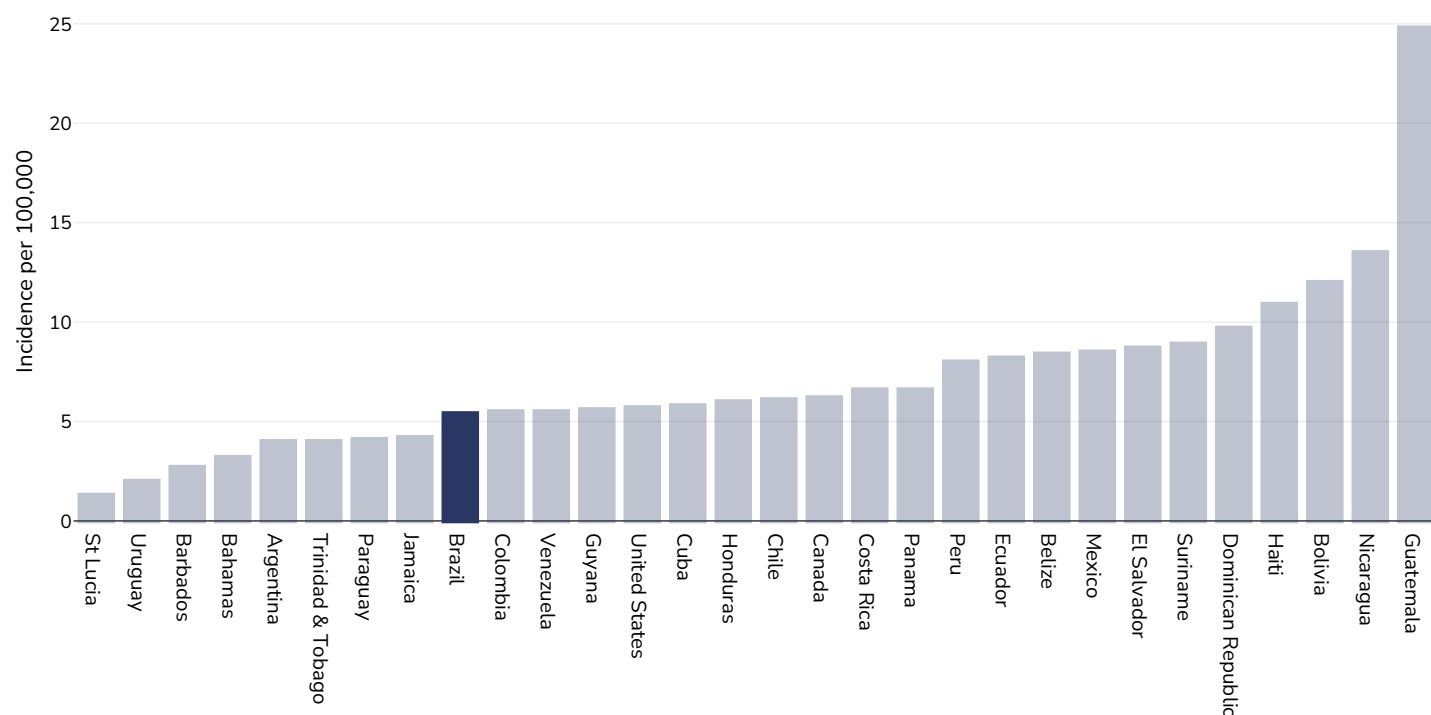
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

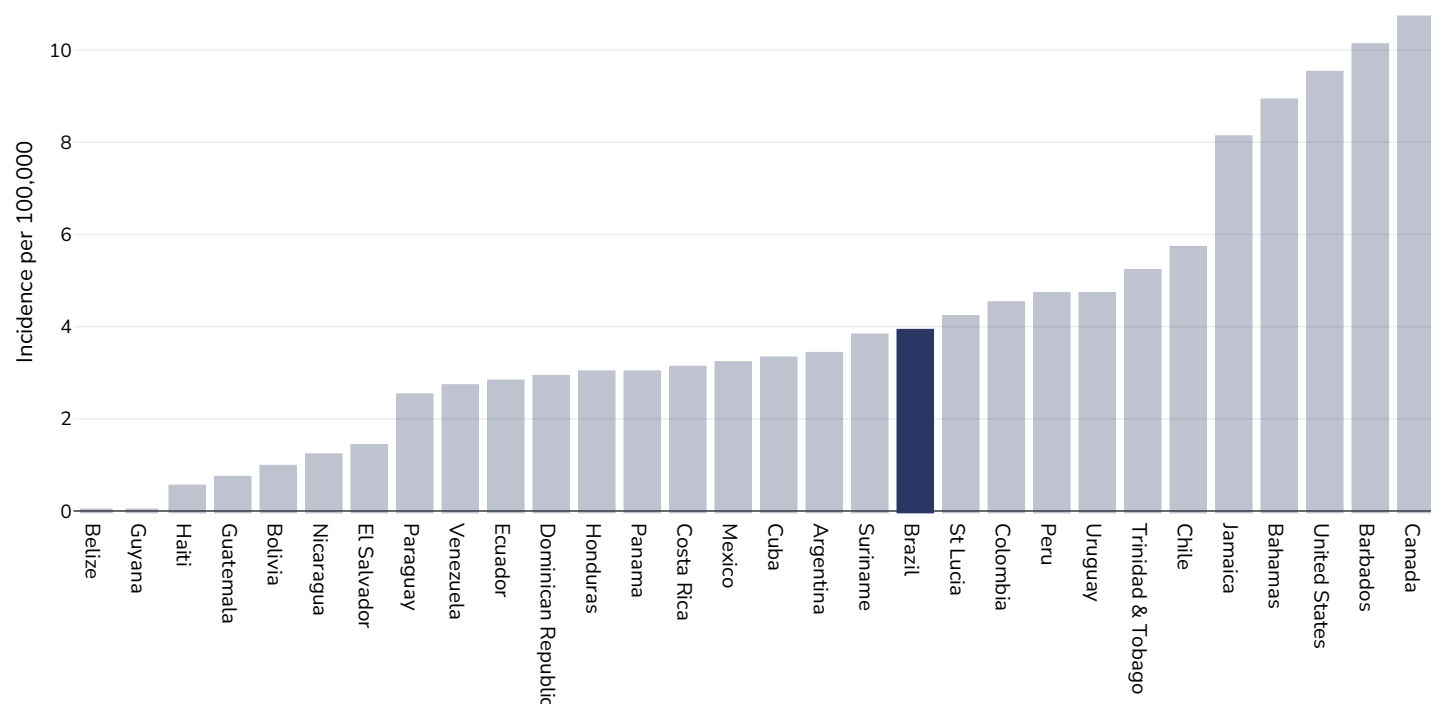
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Multiple Myeloma

Men, 2022



Age: 20+

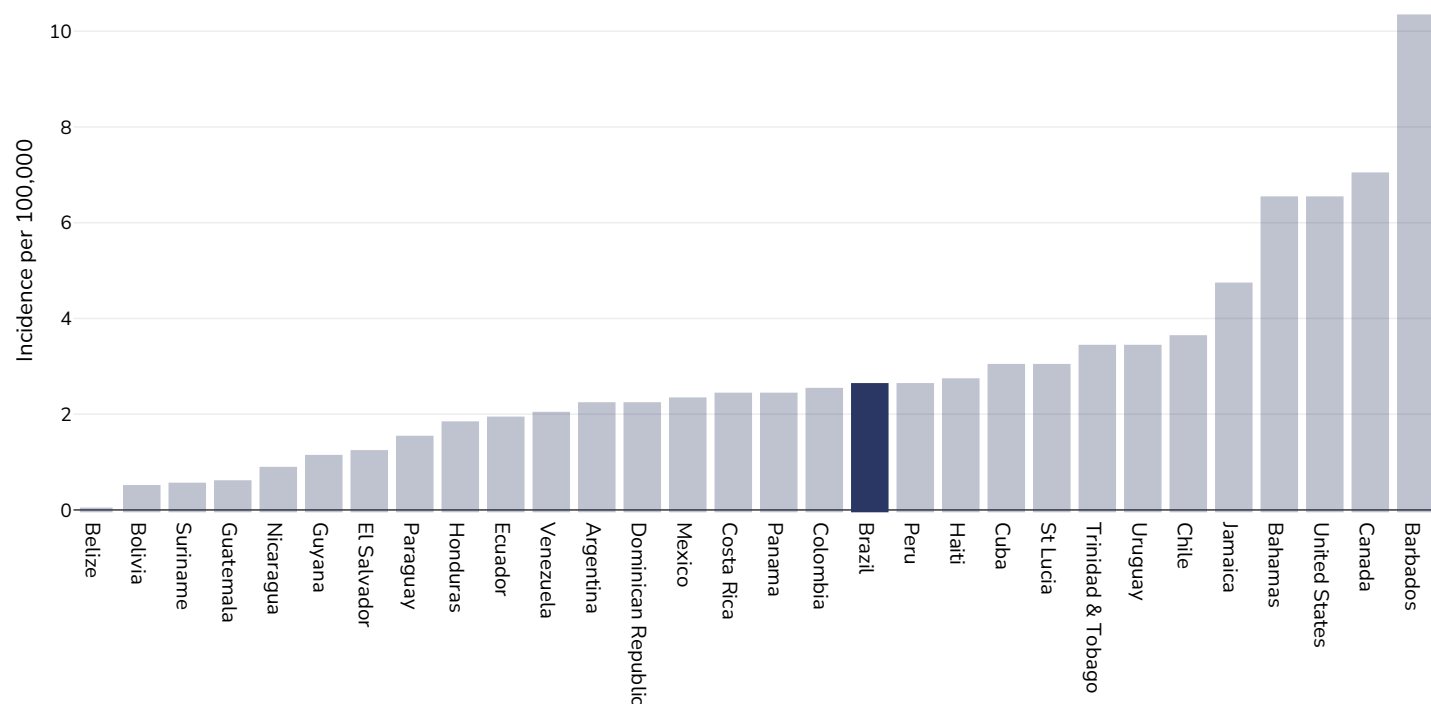
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

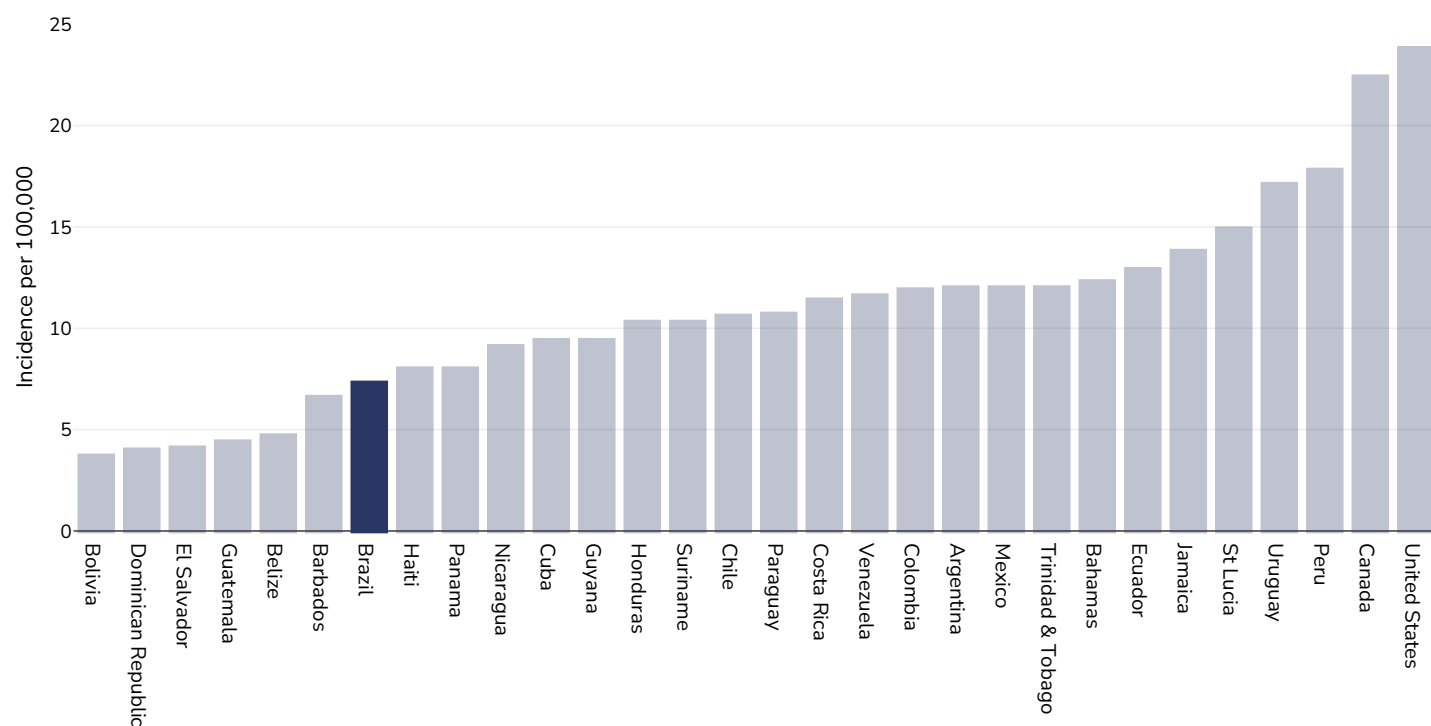
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Non Hodgkin Lymphoma

Men, 2022



Age: 20+

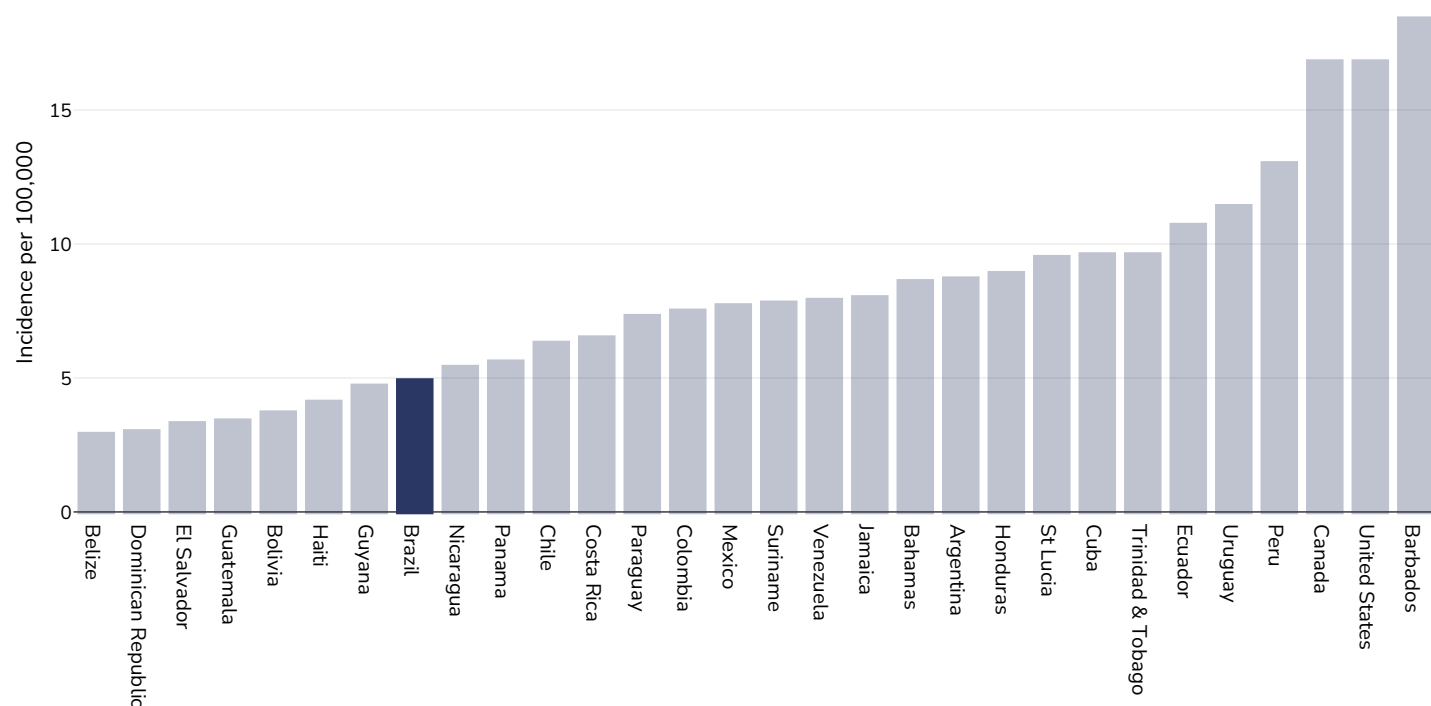
Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Women, 2022



Age: 20+

Area covered: National

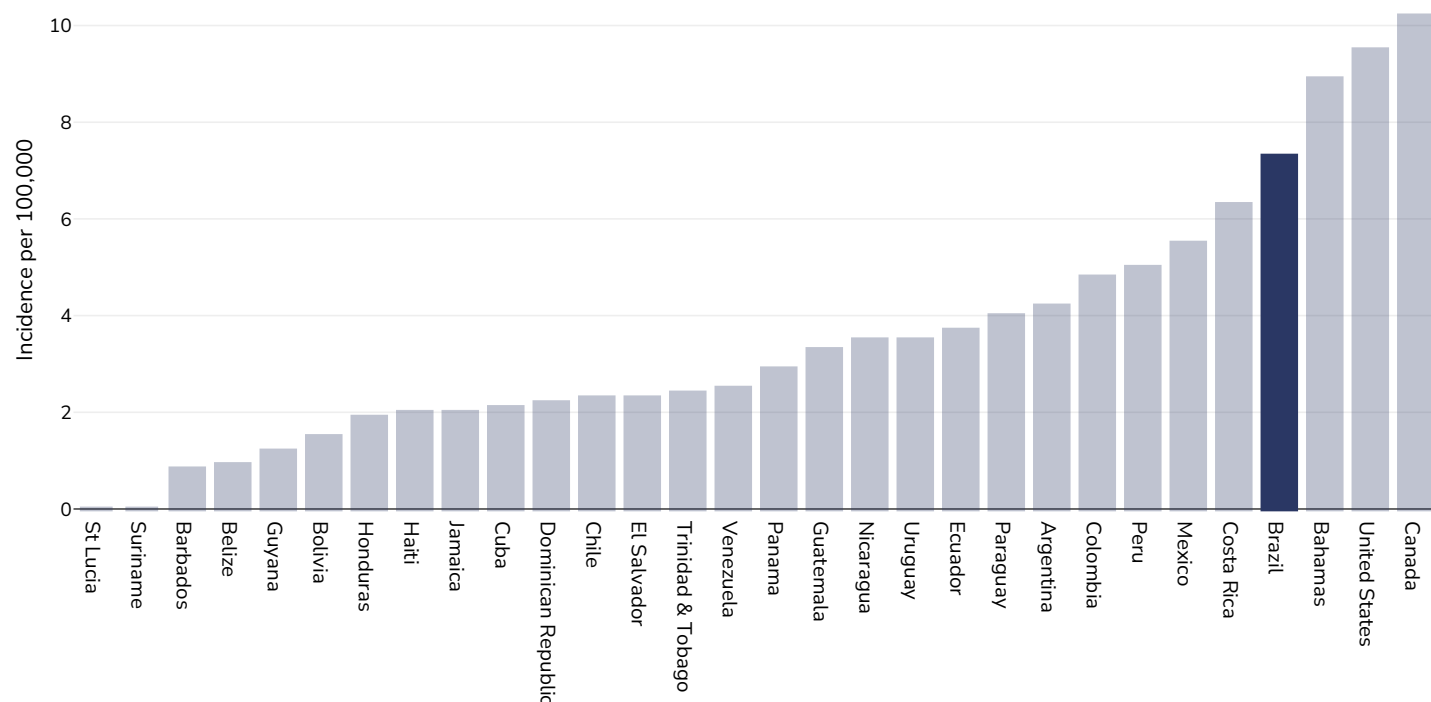
References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

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

Thyroid Cancer

Men, 2022



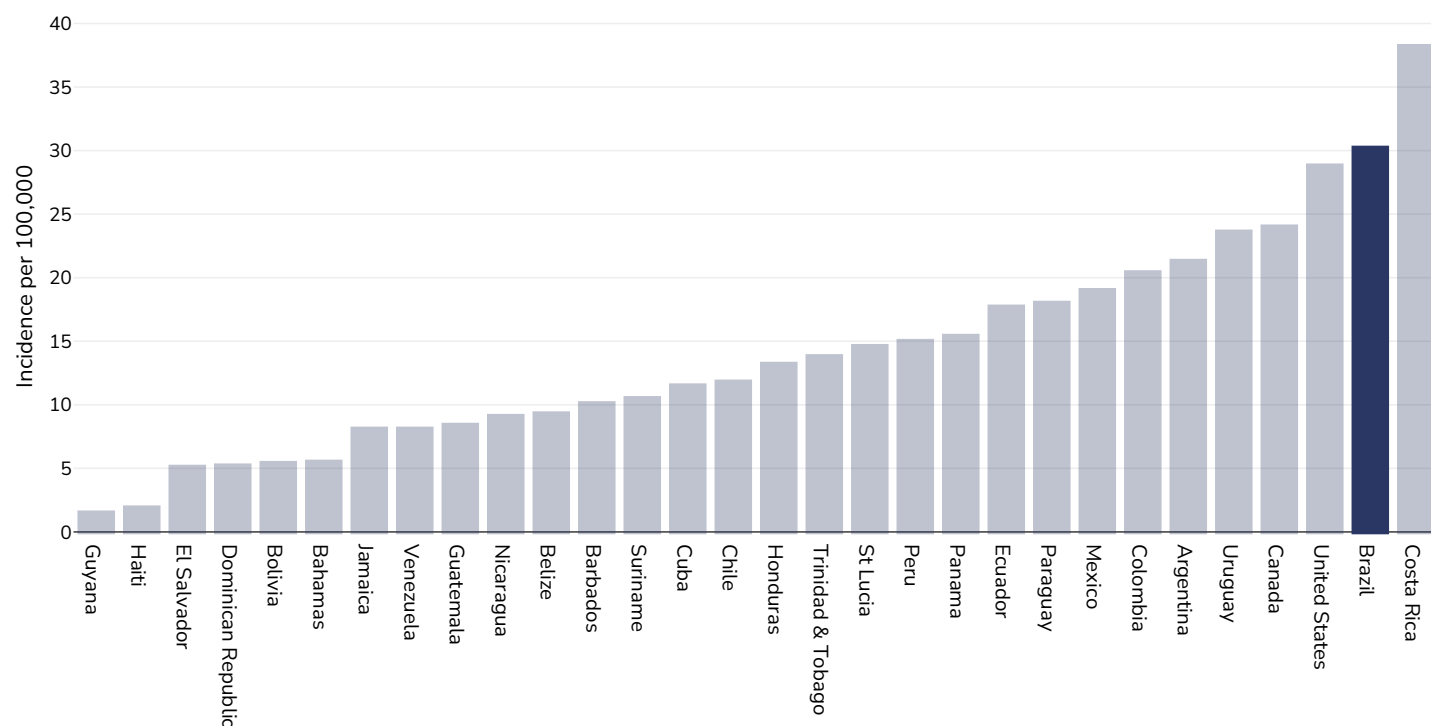
Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

Women, 2022



Age: 20+

Area covered: National

References: Ferlay J, Ervik M, Lam F, Laversanne M, Colombet M, Mery L, Piñeros M, Znaor A, Soerjomataram I, Bray F (2024). Global Cancer Observatory: Cancer Today. Lyon, France: International Agency for Research on Cancer. Available from: <https://gco.iarc.who.int/today>, accessed [16.07.24]

Definitions: Incidence per 100,000

PDF created on June 17, 2025