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**THE PROBLEM OF THE DOUBLE BURDEN OF DISEASE IN DEVELOPING COUNTRIES IS DUE TO THE PREVALENCE OF OBESITY**

In 2016, 340 million children and adolescents between the ages of 5 and 19 were overweight or obese. The prevalence of overweight and obesity among children and adolescents between the ages of 5 and 19 has risen sharply from just 4% in 1975 to just over 18% in 2016. Overweight and obesity, formerly considered high-income countries, are now becoming more common in low- and middle-income countries, especially in cities. In Africa, the number of obese children under the age of 5 has increased by almost 50% since 2000. In 2016, almost half of children under the age of 5 who were overweight or obese lived in Asia. Thus, many low- and middle-income countries have recently faced the so-called "double burden of disease"[2, p.23]. While they continue to address infectious diseases and malnutrition, in parallel, they are facing a rapid increase in the prevalence of non-communicable disease risk factors, such as obesity and overweight, especially in cities. Often the problem of malnutrition coexists with the problem of obesity in the same country, the same local community, the same family. In low- and middle-income countries, children are more at risk of malnutrition during fetal development, infancy and early childhood. At the same time, children in these countries eat foods high in fat, sugar and salt, high in energy density and low in micronutrients. Such food is usually cheaper, but has a lower nutritional value. Combined with low levels of physical activity, this leads to a sharp increase in the prevalence of childhood obesity, and the problem of malnutrition remains unresolved. Overweight and obesity, as well as related non-communicable diseases, are largely preventable. Stimulating conditions and support at the community level play a crucial role in people deciding to switch to a healthier diet and regular physical activity as the most appropriate choices that will help prevent overweight and obesity. At the individual level, everyone can limit the caloric content of their diet by reducing the amount of fats and sugars consumed, increase the consumption of fruits and vegetables, as well as legumes, whole grains and nuts, and engage in regular physical activity[1, p.250]. At the level of society as a whole, it is important to support people in complying with the above recommendations by constantly implementing evidence-based and demographic measures to ensure that regular physical activity and healthy eating are cost-effective and feasible for all, especially the poorest. . The WHO Global Strategy for Nutrition, Physical Activity and Health, adopted by the World Health Assembly in 2004, sets out the necessary measures to support healthy eating and regular physical activity. The strategy calls on all stakeholders to take action at the global, regional and local levels to improve nutrition and physical activity. The strategy calls on all stakeholders to take action at the global, regional and local levels to improve nutrition and physical activity.

**Conclusion** At present, some developing countries have faced the problem of the "double burden of disease". Along with infectious diseases and malnutrition, non-communicable diseases, such as obesity and its consequences, are becoming increasingly important. Interventions at various levels are needed to successfully address the problem, as individual interventions will only be effective if people are given the opportunity to lead a healthy lifestyle.

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