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PHYSICAL INACTIVITY AND OBESITY IN ITALY. TRENDS AND INDIVIDUAL AND SOCIAL EFFECTS

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Physical inactivity and obesity in Italy. Trends and individual and social effects

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Physical inactivity and obesity are partly related problems which are typical of economically advanced societies. In many countries today this phenomenon represents a social emergency, affecting the quality of life of people and of the national health systems; the latter have to deal with a rising number of chronic diseases linked to unhealthy lifestyles and eating habits. A sedentary lifestyle is expanding in Europe and, in Italy, involves a third of the child population. Even obesity is rising in Italy, above all in the younger age range The focus on healthy lifestyles and well-being, in both public and private sectors, does not seem to reduce this trend. This paper promotes sport as an individual and politic priority chance to combat and prevent overweight and to support the physical, mental and social well-being of the population; it highlights the "global" nature of sport which conveys ideas such as health, education, cohesiveness and those values encouraging a harmonious individual growth and a social sustainable development.

Keywords: Physical inactivity, Obesity, Lifestyles, Quality of Life, Wellness, Social policies, Physical and sporting activities.

CNR-IRPPS

Sedentarietà e obesità in Italia. Tendenze ed effetti individuali e sociali

Antonio Tintori

2016, p. 18 IRPPS Working paper 84/2016

Sedentarietà e obesità sono problemi in parte correlati tipici delle società economicamente più avanzate. In molti Paesi questi fenomeni rappresentano oggi un'emergenza sociale, con importanti ripercussioni sulla qualità di vita degli individui e sui sistemi sanitari nazionali, chiamati alla cura di un numero crescente di patologie croniche legate a scorretti stili di vita e inadeguate abitudini alimentari. La sedentarietà è in espansione in Europa, e in Italia coinvolge 1/3 della popolazione infantile. Anche l'obesità risulta in crescita in Italia, nelle fasce più giovanili della popolazione. L'attenzione verso stili di vita corretti e il benessere generale che a più livelli viene attivata in ambito sia pubblico sia privato non appare incidere in modo significativo nel ridurre l'impatto di questi fenomeni. Il presente paper promuove l'idea della pratica di attività fisico-sportive come prioritaria chance individuale e politica per combattere e prevenire il sovrappeso e sostenere il benessere psico-fisico e sociale della popolazione, sottolineando la natura "globale" dello sport, che coinvolge i concetti di salute, educazione, coesione e trasmissione di valori propedeutici a un'armonica crescita individuale e a un sostenibile sviluppo sociale.

Parole chiave: Sedentarietà, Obesità, Stili di vita, Qualità di vita, Benessere, Politiche sociali, Attività fisico-sportiva.

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Introduction

Today, in social and health care terms, sedentary lifestyle is one of the most important issue of the Western world, the most developed countries of our planet. Physical inactivity is linked to lifestyle, to citizens' willingness to sport, to the awareness of the risks caused by a long term physical inactivity, but also to some cultural attitudes which are still strongly focused on the satisfaction of primary needs rather than on wellness and self-expression (Misiti et al. 2008).

As well as a sedentary lifestyle, even obesity – which is, instead, a medical condition – can involve everyone: preteens, teenagers, adults. Sedentary lifestyle and obesity are two growing phenomena of interest from both scientific and institutional perspective; they, in fact produce adverse effects not only on an individual level but also on the whole community. Both problems call into question the concept of health, which, as the World Health Organization affirms, should not simply be interpreted as the absence of a disease but as a state of complete physical, mental and social well-being (WHO 1946).

In many ways the first phenomenon, a sedentary lifestyle, causes the second one, obesity. In its multipurpose surveys on families, Istat highlighted how physical inactivity is a consequence of modernity and of a chaotic lifestyle which derives from the difficulty to balance social and family life and working time. But a sedentary lifestyle is also linked to an inappropriate diet and often to a kind of idleness to physical exercise which is wrongly considered as an auxiliary activity and therefore a secondary individual need (Tintori 2010). In order to curb this trend, institutions and private organizations, in recent years, promoted projects and communication plans encouraging the physical activity and, more generally, the adoption of a healthy lifestyle; one of the topics dealt was nutrition, in particular nutritional habits and food consumption. Although many actions submitted and highlighted the scale of the problem, the situation has not improved: obesity is a growing phenomenon and sport in Italy is still considered irrelevant to everyday life, or even to culture (specific geographical differences characterizing Italy will be discussed below).

1. Physical inactivity in Italy. Trends and effects

On the basis of statistical results showing an alarming rise of physical inactivity even in Europe, especially in Mediterranean countries, the reduction of physical inactivity is one of the European main objectives within the Europe 2020 programme. In recent years, in Europe, 25% of citizens was inactive and in 15 countries about 50% of the population, by now, turns out to be sedentary (Eurobarometer 2010). Italy, the cradle of the “Mediterranean diet” and of an eating pattern which has always been appreciated for its simplicity and wholesomeness, is unfortunately connected to the phenomenon; it, in fact, highlights the problem as a social emergency involving about one third of the child population (about a third of the total is sedentary) (Istat 2010).

On the basis of the WHO guidance, in recent years it has often been reaffirmed that physical inactivity doubles the risk of cardiovascular diseases, it causes obesity and serious diseases, mostly chronic. Worldwide, physical inactivity is the fourth leading risk factor for mortality (6% of all deaths), tied with hyperglycemia (6%). In the risks classification, a sedentary lifestyle follows only tobacco consumption (9%) and hypertension (13%) (Ministry of Health 2014), but

the difference is subtle. More specifically, physical inactivity is the main cause of 21-25% of breast cancer and colon cancer, 27% of diabetes cases and 30% of ischemic heart diseases (Ministry of Health 2014). These are objective and important reasons for which physical activity is increasingly being promoted; in fact, inactive people have a 30% increased risk of mortality compared to those who do at least 30 minutes of moderate physical activity several times a week.

In Italy, the data about people practicing a physical activity or a sport are regularly reported by Istat within the framework of the multipurpose investigations on families "Aspects of daily life". This survey aims also to detect and analyze the behaviours related to physical activities, with a focus on respondents' personal, family, social and geographical characteristics. The data published by Istat in 2014 provide a comprehensive framework about the state of the art of the phenomenon and its evolution – not exactly encouraging – over the last years. As shown in Table 1, from 2010 to 2013, with respect to a population aged 3 years and over, in Italy there has been a decrease in the number of those who practice sports and an increase in the sedentary population.

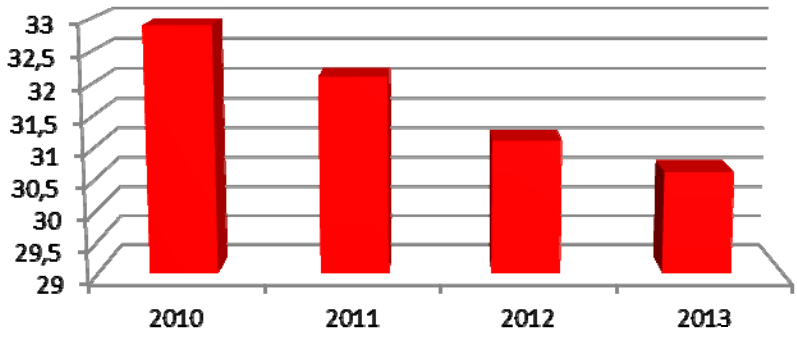
Table 1: People aged 3 years and over who practice sports, some physical activity and sedentary people – 2010-2013 (percentages).

	People who play sports	People who practice a physical activity	Sedentary people
2010	32,9	28,2	38,3
2011	32,1	27,7	39,8
2012	31,1	29,2	39,2
2013	30,6	27,9	41,2

Source: Istat, "Aspetti della vita quotidiana", 2014.

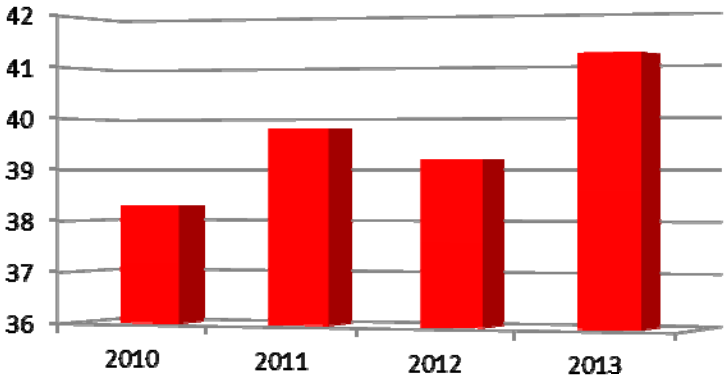
Figure 1 and Figure 2 below show some of the information contained in the table above, but as data presentation models with an intuitive interface, they outline the trend of the phenomenon observed in a visually clearer representation.

Figure1: People aged 3 years and over playing sports – 2010-2013 (percentages).



Source: Istat data processing, "Aspetti della vita quotidiana", 2014.

Figure 2: Sedentary people aged 3 years and over – 2010-2013 (percentages).



Source: Istat data processing, "Aspetti della vita quotidiana", 2014.

2. The sedentary people profile

There are several factors influencing people in their willingness to practice a physical activity (Tintori 2007). One of these is sex. As shown in Table 2 women are more sedentary than men, and this appears to be constant within the relevant time horizon. From 2010 to 2013, however, there has been an increase in the number of both sedentary men and women; sedentary women are getting close to 50% of the female population.

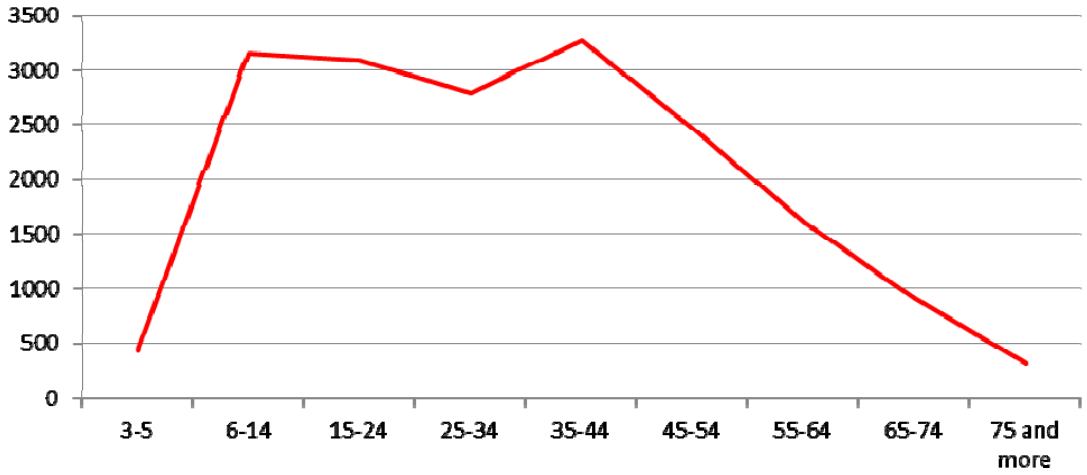
Table 2: Sedentary people aged 3 years and over by sex – 2010-2013 (percentages).

	Sedentary people	
	Male	Female
2010	33,5	42,8
2011	35,0	44,4
2012	34,6	43,5
2013	36,2	45,8

Source: Istat data processing, "Aspetti della vita quotidiana", 2014.

Even age has a considerable influence on the choice of practicing sports or not. In this case the age groups with the highest number of athletes are those between 6 and 14 years old and between 35 and 44 years old. In general, there was a greater participation in physical activities and sports in the younger age groups, from childhood until about 50 years old; over this age the trend decreases in view of the forthcoming "third age" (Figure 3).

Figure 3: People who play sports by age group – 2013 (absolute values).



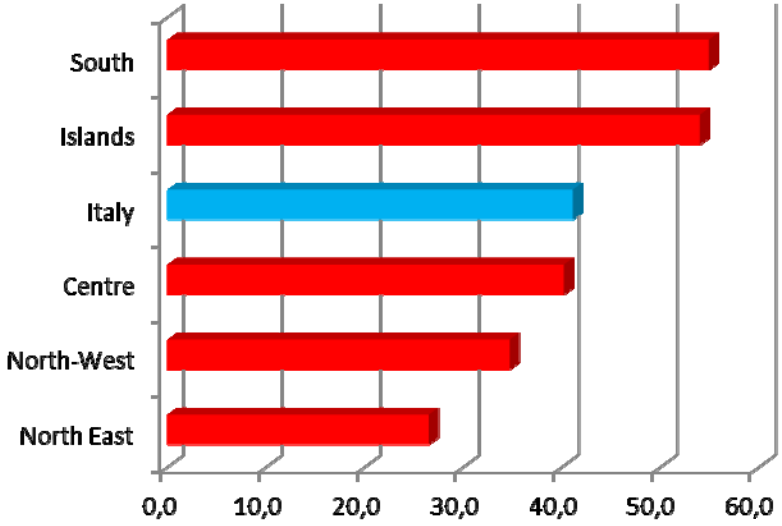
Source: Istat, "Aspetti della vita quotidiana", 2014.

This isn't a rational choice, because it's during the physical aging that the benefits of a continued sport activity are visible, although, of course, this should always be professionally calibrated on age and on individual needs and ability.

Italy, you know, is a complex country, offering a rich and articulate overview of many modern life situations. Sedentary lifestyle isn't an exception, and therefore the territorial analysis of the phenomenon shows important differences. Physical inactivity is more widespread in South and islands with an average of half of the population; the centre stands in an intermediate position, while the north-east shows the lowest percentage of inactive people (Figure 4). This brings into play the influence of the local culture: in some cases it is more meticulous in the personal care and in distinguishing between a moderate food consumption and excess of food; in other cases it is more permissive in the adoption of a high-calorie diet referring to a sort of italic "ideal of abundance" and rather indolent to physical activity.

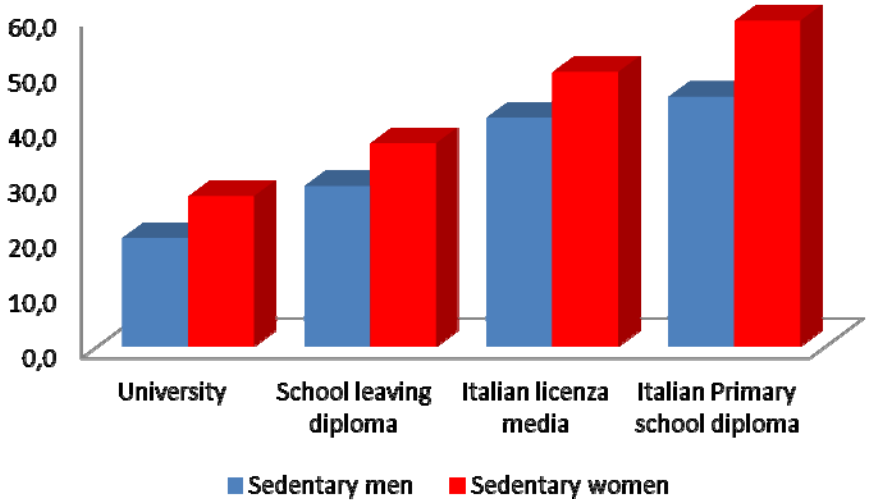
The level of education is another factor affecting the penchant for sport. As shown in Figure 5, they are directly proportional: a high level of education corresponds to a low level of physical inactivity. And this is a trend that, while retaining the proportions previously analyzed with regard to gender differences, appears particularly interesting for the analysis of the phenomenon, because a sedentary lifestyle increases linearly with a decreasing educational level.

Figure 4: Sedentary people aged 3 years and over by geographical distribution (percentages).



Source: Istat data processing, "Aspetti della vita quotidiana", 2014.

Figure 5: Sedentary people aged 6 years and older by gender and level of education (percentages).



Source: Istat data processing, "Aspetti della vita quotidiana", 2014.

That said, we should clarify that the correlation between level of education and level of physical inactivity is not a cause-effect relationship; in this case, such as in other cases in this paper or within the framework of a statistical and sociological analysis, the correlation is not scientifically proven. So the claim that those who are more educated practice more sport is to be understood as an intuition; it is the most logical hypothesis emerging from a careful analysis of the statistical information, as, moreover, it is unlikely to be the level of physical inactivity to determine the qualification.

3. Obesity and its social impact

To promote individual health and social welfare, but also to control health expenditure, in the light of this data, sport appears as an important element for social and health policies, and his promotion could be understood as a precondition for active and healthy lifestyles (Tintori 2012). Physical inactivity, with unhealthy eating habits, often leads to the rise of particularly dangerous health conditions. Obesity, recognized as a disease by the World Health Organization in 2000 (WHO 2000), is a very important risk factor since it is linked to several chronic non-communicable diseases. Underestimated for a long time in Western countries, it is now considered as one of the main public health problems; the Ministry of Health affirms it is a preventable condition because it is often caused by incorrect lifestyles (a diet high in calorie with low energy expenditure due to physical inactivity). According to the World Health Organization, over the last 50 years and in particular from the 1980s the number of obese people has significantly increased (almost 2 billion in the world today); this is due to changes in eating habits, sugary drinks, energy drinks and junk food, with the general increase in food and drink consumption.

The widespread obesity has individual and social, direct and indirect, consequences. Direct costs relate to health costs (healthcare, hospital services, drugs etc.); indirect costs relates to loss of productivity caused by diseases related to obesity. The rise of obesity implies the increase of health spending for the treatment of diseases such as hypertension, type 2 diabetes, hypercholesterolemia, coronary heart diseases, ictus, asthma, arthritis, cancer. From a socio-economic point of view, obesity causes also indirect costs related to work and training productivity. Absenteeism, presenteeism, depression and exclusion are the main issues related to the indirect costs due to this disease and to other related diseases. Beyond the social costs the first questions to be answered is how does an obese person feel, how does he perceive his condition and how is his mental health. Obesity in young people and in adults leads to a loss also in terms of sociability. This is the ability to fully participate in community life, and this happens by choice, for an objective physical limitation or, even, because these people are negatively labelled and therefore subject to marginalisation. In the case of childhood and adolescent obesity, the most common problem relates to the insufficient development of human capital, caused by poor school performances. In this case young people reduce their educational potential and so they lag behind their peers; this could reduce role expectations in adulthood and the opportunities for integration into the labour market. For obese adults the situation is different. Here the labour participation brings into play; we can notice subjective difficulties that can cause absenteeism – representing the worker malaise and a cost for the employer - but also the phenomenon of presenteeism, which is less known (because it has been studied only in recent years); in this case people go to their workplace even if sick or indisposed, and so they are unproductive at work; this has an economic blockade for societies three times higher than absenteeism, on the basis of estimates so far gathered (Stewart 2003).

Obesity is a medical condition characterized by excessive body fat compared to lean body mass in terms of both absolute amount and distribution in the body and it is usually measured statistically by an index called BMI (body mass index) (WHO 2000). The body mass index doesn't provide information about the body fat distribution and doesn't distinguish between lean

body mass and body fat, but defines 4 weight classes within which everyone can be placed (Table 3).

Table 3: BMI and weight classes.

Formula	Weight Classes
BMI = weight (kg) / squared height (in meters)	<18,5 underweight
	18,5 – 24,9 normal weight
	25 – 29,9 overweight
	>30 obesity

Source: Istituto Superiore di Sanità (National Health Institute), 2014.

According the Organisation for Economic Cooperation and Development data, in 2013 in Italy obesity affected 1 in 10 adults (OECD 2014). This is why in Europe Italy ranks low for the adult obesity rate. But, however, the phenomenon, generally rising, assumed alarming proportions with regard to the youngest group of the population; in fact the statistical evidence from the World Health Organization leads us to believe that childhood obesity will be, in most cases, adulthood obesity (WHO 2010).

4. Overweight and obesity in Italy

From the data analysis of the Istat survey "Aspects of daily life" of 2011, it is clear that almost 4 out of 10 Italian children, aged between 6 and 9 years old, are overweight or obese. Unlike analysis of adult obesity, Italy places high in the OECD obesity ranking, after the United States and Greece. This is an alarming statistic because it concerns the youngest group of the population; in the future, adults will be more likely to be exposed to risks and diseases we talked about so far; life quality and expectancy of those who, today, early present these conditions will be likely to fall. As shown in Table 4, as age increases, the weight of overweight or obese young people reduces, although, however, in total, approximately 3 out of 10 people aged between 6 and 17 years are overweight

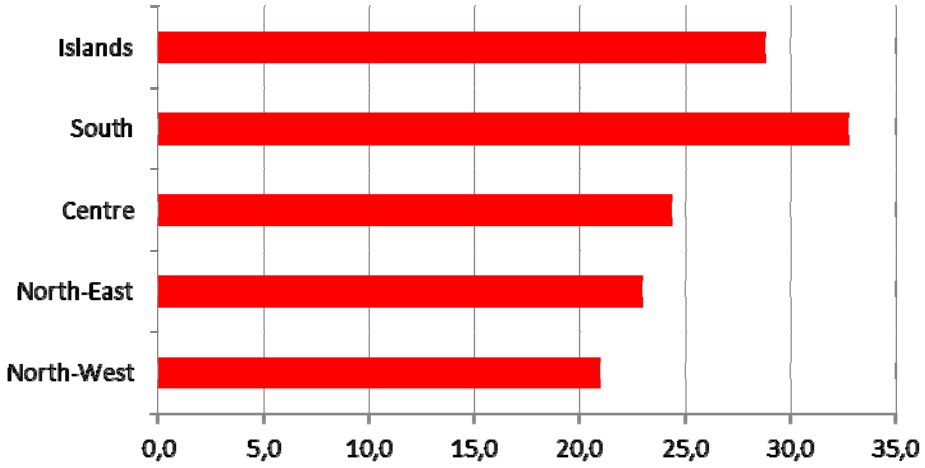
Table 4: People aged between 6 and 17 years old by BMI and age group – 2010 (percentages).

	Body mass index	
Age groups	Underweight or normal weight	Overweight or obese
6-9	62,7	37,3
10-13	74,4	25,6
14-17	83,8	16,2
Totale	73,8	26,2

Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

Similarly to the considerations about the sedentary lifestyle, also in this case the territorial belonging and the level of education provide interesting information. By analyzing Figure 6, ideally proceeding from North Italy to South Italy, we can notice an increase in young people overweight.

Figure 6: Overweight people aged from 6 to 17 years by geographical area – 2010 (percentages).



Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

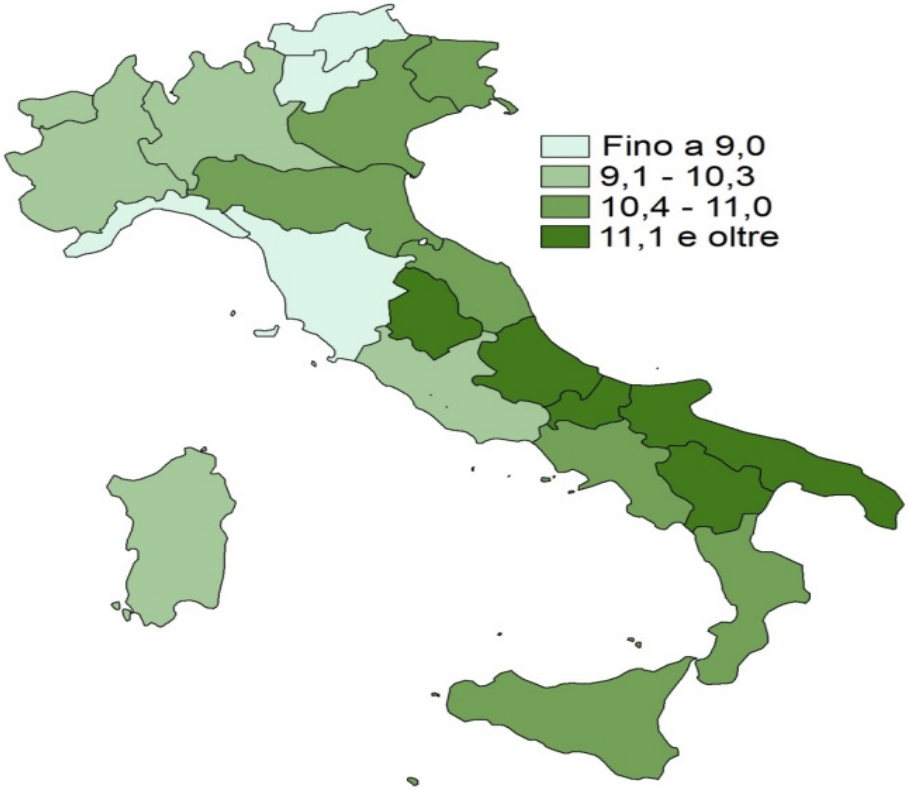
Table 5 and Figure 7, on the contrary, provide information about the number of obese adults by region, and, in this case, the most "virtuous" areas - that is, with a lower incidence of obesity over 18 years old – are Liguria, Trentino-Alto Adige and Tuscany. Otherwise, at the foot of the league we can find Molise, followed by Puglia and Basilicata.

Table 5: Obese people aged 18 and over by region – 2012 (percentages).

Regions	Obese people aged 18 years and over
Piedmont	9,1
Valle d'Aosta	9,3
Liguria	6,9
Lombardy	10,3
Trentino-Alto Adige	8,4
Veneto	10,7
Friuli-Venezia Giulia	10,7
Emilia-Romagna	10,6
Tuscany	8,8
Umbria	12,0
The Marche	10,8
Lazio	9,3
Abruzzi	12,4
Molise	13,5
Campania	11,0
Puglia	12,9
Basilicata	12,6
Calabria	10,6
Sicily	10,8
Sardinia	9,1

Source: Istat, "Aspetti della vita quotidiana", 2011.

Figure 7: Obese people aged 18 years and older by region – 2012 (percentages).



Source: Istat, "Aspetti della vita quotidiana", 2011.

5. The culture of obesity

Culture is strongly influential on this issue, with special regard to the qualification of the mothers of the overweight young people interviewed. As regards overweigh children, the proportion of those of graduated mothers is lower than the proportion of those of less educated mothers (Table 6). Considering three geographical Italian areas (North, Centre, South and Islands), the degree of the mother appears even more influent, and, as expected, it highlights, on one hand, the greater presence of overweight young people in the south and in the islands; on the other hand it highlights the steady increase from north to south of the importance of the parents' education on the incidence of the phenomenon (Table 7).

Table 6: Overweight people aged from 6 to 17 years in Italy by parents' qualification – 2010 (percentages).

	Father	Mother
Degree	22,4	21,1
School Leaving Diploma	23,6	24,3
Only compulsory education or no title	28,3	28,5

Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

Table 7: Overweight people aged from 6 to 17 years by mother's qualification and geographical area – 2010 (percentages).

	North	Centre	South and islands	Italy
Degree	18,4	19,8	26,0	21,1
School Leaving Diploma	21,5	22,9	28,5	24,3
Only compulsory education or no title	23,0	26,4	34,4	28,5

Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

Young people weight appears also influenced by their parents' weight. This is true for both boys and girls, and in both cases overweight parents exercise a direct influence in causing overweight or obesity in children (Table 8).

Table 8: Overweight people aged from 6 to 17 years by sex and by parents weight – 2010 (percentages).

	Male	Female	Total
None of the parents is overweight	22,7	17,9	20,3
Overweight parents	36,4	29,5	33,1
Total	29,0	23,2	26,2

Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

Sports seem to be a good "medicine" to combat and prevent overweight. In this regard, Table 9 shows the sport influence on the phenomenon. The number of overweight young people is lower among those who play sport on an ongoing basis with respect to those who perform physical activity only occasionally and, even more, to those who are sedentary.

Table 9: Overweight people aged from 6 to 17 years by physical activity – 2010 (percentages).

Steady sport activity	22,6
Occasional sports activity or exercise, at least a few times a month	29,1
No sports or physical activity	31,1

Source: Istat data processing, "Aspetti della vita quotidiana", 2011.

6. The reasons for physical inactivity

The social emergency dictated by the physical inactivity and by obesity levels, also in consideration of the impact on public and private health expenditure, requires a detailed analysis of the reasons behind the sedentary lifestyles. The psychology and sociology literature of recent years shows that the factors leading to sports have a gender dimension – particularly because they are related to free time and to the possibility to balance family, work and personal activities – and relate in general to the improvement of mental and physical status (Misiti et al. 2008), more specifically, we play sport for passion, pleasure and to keep fit.

Time is a key variable in the choice of practicing or not physical and sporting activities. The profile of an "authentic" athlete is a young, educated, employed and childless woman. An important differentiating factor distinguishing sedentary people and athletes is, for women, the

absence of children, to have the chance to devote themselves to the physical activity for their own welfare or pleasure. This is because in our society there is still a rigid and sexist division of gender roles and which culturally supports the stereotype where the family care – childcare, as well as the assistance for the elderly or dependent – is considered as obvious a ("natural") female task.

Time is the most common variable, explaining, or justifying, through a cross section study, sedentary behaviours. It is common understanding that at the basis of a sedentary lifestyle there is a lack of time due to work commitments or study. This is in fact the main reason, found also in literature, which is most commonly declared by respondents (Eurobarometer 2010).

Apart from this aspect, the main reasons for which we don't practice sports regularly, and therefore the factors inhibiting or causing the dropping the exercise off are lack of interest, age, fatigue, laziness, and health reasons. Table 10 shows the potentially influential factors, as more frequently detected in the socio-psychological field (Misiti et al. 2008), in determining a sedentary lifestyle.

Table 10: Factors inhibiting the practice of sport or making people drop it off.

Personal			Social		
Physical	*Psychological*	*Organisational*	*Educational*	*Relational*	*Structural*
Physical health	Mental fatigue	Lack of time	Inappropriate or no external stimulus (advertising / school)	Little appreciation of the teaching methodology	Shortage of public sports facilities
Age	Lack of interest	Family commitments		Complicated relationship with the teacher	Inadequate supply over real needs
Physical fatigue	Fear of failure	Work commitments		Excessive stimulus to racing	High services cost
Disability	Performance anxiety			Boring or repetitive workouts	
	Shame / embarrassment			Difficulties in socializing	

Source: Based on CNR-Irpps data, 2008.

In addition to time – configured as an organisational difficulty and relating mainly to the causes restricting or preventing the practice of sports to adults – and other aspects mentioned above, we can find also psychological causes, minor but still influential, as the fear of failure, performance anxiety and embarrassment to be seen in public, the diagram shows a complex range of social factors (educational, relational and structural) determining physical inactivity. Among them three points need highlighting: the perception of a lack of public incitement to

play sports, the difficult balance between personal athletic goals and teaching methods, and finally the lack of public sports facilities and in general the high cost of sport services.

It is hard to define how much these factors reflect the personal reasons causing a sedentary lifestyle. Certainly all of them are influential factors, but what seems causing physical inactivity the most is what underlies these factors, that is a weak culture of general, physic, mental and social wellness, and therefore of the sport.

7. Sport as a prevention and wellness factor

Sport, as a *global* phenomenon, that is as physical and sport activity, organized or not, can potentially generate well-being and personal and social development, in terms of counting obesity is certainly an instrument of great effectiveness (Tintori 2010). The *global* sport must be understood as a complex phenomenon: a combination of elements that are not separated neither from one another nor from what surrounds them, an activity and a place where motor skills and physical practice, more than the mere exercise, create sociability, dialogue and participation. Sport, in a broader view, *a holistic view*, is thus synonymous with health, aggregation, education; it is an instrument of communication and transmission of those essential values for a harmonious individual growth and a sustainable social development. In the face of modern extensive and complex social relationships, which are at the same time distant and virtual, combating effectively the sedentary lifestyles through sport would also result in overcoming social and cultural barriers that reduce the chances of intra- and inter-generational, gender meeting and of an ethnic and religion crossroad. Sport, interpreted in its entirety, is a prevention and wellness factor, but also a meeting, inclusion and cohesion factor.

Promoting active lifestyles is the key for spreading sports and physical activities for all ages, thus reducing the risk of cardiovascular or and chronic diseases related to overweight. Having regard to obesity and physical inactivity growth levels of the younger population, it is crucial to take a broader and more complex view of sport and of its potentiality, even in the field of social policies, to support the idea of *Sport for everybody* as a *policy* central element in modern urban environments. The high media attention and information coming from the Universal World Fair in Milan could be a useful instrument from this point of view, combining and maturing awareness of consumption and eating habits to the awareness about the importance of sports.

Promoting active lifestyles is important to overcome the idea of physical activity as synonymous for competition, specialization, *performance* and million dollars sponsorships (Porro 2001); otherwise there is a risk to stop practicing sport and considering it as a participant, but mostly, or solely, as a spectator. Supporting health and a better quality of life for citizens implies reducing the influence of '*Private economic Sport*, of the *Sports Factory*, and supporting a '*sport public economy*', based on well-being and pleasure, on the re-appropriation of a healthy corporeality (Tintori 2007).

8. Conclusions

Obesity, especially childhood obesity, is now a public and social health emergency growing in Western countries. According to the Organization for Economic Cooperation and Development 15 extra kilos contributes to 8-10 years of life lost and increase the risk of

premature death by 30% (OECD, 2010). It is also estimated that the direct costs related to obesity may account for up to 8% of total healthcare costs (in Europe is about 7%) (WHO 2010). The healthcare cost for an obese is about 25% higher than the costs of those who don't have a high body mass index (Withrow et al. 2010), and according to hypothesis, an eighteen years old obese, which hypothetically has an average life of 75 years, will involve a social cost of about 100 thousand Euros higher than estimated for a peer with normal weight.

On the basis of available data and in the light of the above, in modern urban environment, sedentary lifestyle and obesity seem to be two related phenomena, influenced by the same demographic, geographic and socio-cultural variables: sex, age, education level, territorial belonging. In the case of obesity, as highlighted by the World Health Organization, many are the approaches to overcome the problem, and for this reason, and with regard to childhood obesity, in 2014 the *Commission on Ending Childhood Obesity* was established to identify the most effective globally implemented interventions to counteract obesity. In parallel, Europe adopted the *Action Plan on Childhood Obesity* 2014-2020, aiming to fight childhood obesity, which is from 0 to 18 years old. In Italy, already in 2007, the Ministry of Health established the system “OKkio alla SALUTE” (mind your health) to control the weight in children aged from 6 to 10 years and the associated risk factors. Counting obesity means to create a complex prevention strategy, certainly taking into account food education, but also the influence of culture and habits of consumption, and the individual awareness level. The need is ultimately to promote active and healthy lifestyles, and the practice of physical and sporting activities. From this point of view, sport could prove to be the most effective and the most economical remedy, useful not only to the containment of the analyzed phenomena but above all to prevent them.

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