

## OBESITY 'CHILD, THE PROBLEM OF CHILDREN TODAY

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Review paper

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### Abstract

*One thing certainly alarming that goes away growing exponentially is that children eat too much and hurt. The figure, for about 10 years, is that 15 boys out of 100, in a critical age such as that between 6 and 14 years are obese and, unfortunately, it is not simple overweight: In some cases, we are faced to frankly obese children and 30% of obese children already suffer from diseases that once struck only adults such as hypertension and high cholesterol. Children and adolescents, therefore, should not be left free to eat as much as they want and they may run into errors harmful to their health in the future, therefore, is very important in the case of childhood obesity, the role played by the parents in education and in eating habits, by acquiring the child, their own conscience about what is good or bad for his health, learning to distinguish correct behavior in terms of power. Surely it is difficult to love fruits and vegetables to children, get them to dispense sweets and fats, encourage them to appreciate the variety of foods and get used to not exceed in amount, but it is a necessary effort to teach them not to compromise their health. The purpose of the information campaigns of the Ministry of health in schools for pupils is this: without obsessing and without penalizing or punishing the throat, you have to help them figure out what is best to eat and direct them towards a healthy and balanced relationship with food, making understand their respect for one's body.*

**Key words:** education supply, motor activity, obesity, sedentary lifestyle, nutrition and sports, lifestyles

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### Introduction

One thing certainly alarming that goes away growing exponentially is that children eat too much and hurt. The figure, for about 10 years, is that 15 boys out of 100, in a critical age such as that between 6 and 14 years are obese and, unfortunately, it is not simple overweight: In some cases, we are faced to frankly obese children and 30% of obese children already suffer from diseases that once struck only adults such as hypertension and high cholesterol. Children and adolescents, therefore, should not be left free to eat as much as they want and they may run into errors harmful to their health in the future, therefore, is very important in the case of childhood obesity, the role played by the parents in education and in eating habits, by acquiring the child, their own conscience about what is good or bad for his health, learning to distinguish correct behavior in terms of power. Surely it is difficult to love fruits and vegetables to children, get them to dispense sweets and fats, encourage them to appreciate the variety of foods and get used to not exceed in amount, but it is a necessary effort to teach them not to compromise their health. The purpose of the information campaigns of the Ministry of health in schools for pupils is this: without obsessing and without penalizing or punishing the throat, you have to help them figure out what is best to eat and direct them towards a healthy and balanced relationship with food, making understand their respect for his own body. Definitely not an easy path as the institutional communication for the promotion of correct eating behavior clashes with the overwhelming crowding of advertisements directed at young people and their families promoted by commercial communication, particularly talk about

the consumption of the boys out of the house strongly influenced by the suggestions of advertising and conditioned by the mode of the peer group. However, it is a necessary especially in light of the findings from recent research on the population. The ISTAT surveys on "Eating Habits: evolutionary trends in the population and young people" allow you to examine trends in the feeding behavior of the Italians, especially youth, from 1993 to 2003. In fact, research done over the years specified above, it appears that the very young are those that show the trends less healthy than the rest of the population examined and it highlights both the decrease of consumers and the scarcity of frequencies of consumption for certain products such as poultry, vegetables and fruit. Some of these trends are in the opposite direction compared to current dietary guidelines suggest that at least 5 daily servings of vegetables and fruits and the choice of "white meat" than "red". Unfortunately, there are also some polarizations, i.e. intensifications of the frequencies of consumption of products for which rather it suggests a more content, such as, for example, beef and spirits outside meal. Increase the number of consumers and decrease the frequency of consumption for cereals, dairy products, meats and some alcoholic beverages including wine. In growth we find the fresh pork, fish, eggs and consumption of fizzy drinks and sweets, as well as mineral water. Among young people, adolescents 14-17 years show negative trends with respect to the consumption of cereals, fruit and vegetables, while the rise is the trend in the use of alcoholic beverages. Very high is the preference for the products out meal and soft drinks.

Spreading the culture of proper nutrition is not; however, the only appropriate measures to prevent childhood obesity. At the same time, you must bring children to physical activity since the sport practiced regularly not only allows you to tone muscle mass and exerts a positive effect on mood and levels of self-esteem, but also helps to counter obesity and, more general, plays a protective role for health. In fact, children and adolescents who do not engage in any physical activity are more likely to develop excess weight.

### Investigation data collected

As part of the strategic program "Gaining Health - making healthy choices easier," the Ministry of Health / CCM (Center for Disease Control and Prevention) has entrusted, in 2007, higher institute of health (ISS), the coordination of the project "System of surveys on behavioral risks for ages 6-17 years." The project was realized in collaboration with the Ministry of Education, University and Research, with the regions and local health authorities, the National Institute of Research on Food and Nutrition (INRAN) and the University of Turin, Siena and Padua. According to data from the World Health Organization, 86% of deaths, 77% of the loss of life years in good health and 75% of health care costs, in Europe and in Italy, are caused by chronic degenerative diseases they have in common modifiable risk factors such as tobacco smoking, obesity and overweight, alcohol abuse, poor consumption of fruits and vegetables, physical inactivity. Some of these unhealthy behaviors are established, often in childhood and adolescence. The project, therefore, the need to deepen the knowledge of phenomena in the younger generation has developed three areas of activity: surveillance study and Okkio HEALTH ZOOM8, for primary school children, and the Health Behaviour in School-aged Children, for boys between 11 and 15 years. Everyone has had a specific task to see to and closely monitor various activities: Okkio HEALTH allows you to describe the geographical variation and evolution in time of the state weight of primary school children (6-10 years), of eating habits, of ' habit and exercise of any school initiatives that favor healthy nutrition and physical activity. Started for the first time in 2008, has a periodicity of data collection every two years. The initiative is also part of the project of WHO Europe "Childhood Obesity Surveillance Initiative." Zoom8, INRAN conducted in 2009, was born from the need to deepen some information about primary school children emerged thanks to Okkio HEALTH. In particular, Zoom8 examined the differences between the various Italian regions characterized by different prevalence's of overweight and obesity in children. To gather information on risk behavior in boys, we made use of the instruments of the international multicenter study HBSC (Health Behaviour in School-aged Children - health-related behaviors in children of school age), coordinated by the University of Turin, Siena and Padua. Have been investigated several determinants of health and has given particular emphasis to the four risk

factors (diet, physical inactivity, smoking and alcohol) in the center of the program Gaining health. The frequency of data collection is four years. E 'to stress both on the part of health personnel and school that by households, high adhesion to all these studies, indicating the success of the activities. The periodic repetition of Okkio HEALTH and HBSC will monitor the progress of the determinants of health and to evaluate interventions designed to promote health and communications started. The second collection of Okkio HEALTH provides results do not differ much from those detected in 2008; over 42,000 children were measured terse class of primary school.

Remains high prevalence of overweight (23%) and obesity (11%)

We continue to identify unhealthy behaviors:

- 9% do not eat breakfast
- 30% makes it unsuitable
- 1 in 4 children do not eat fruits/vegetables daily
- About 50% consume sugary drinks or sodas during the day
- 1 child 2 has the TV in the room
- 1 in 5 children plays sport for no more than one hour per week.

Parents do not always have an accurate picture of their child's weight status: among mothers of children overweight or obese, 36% do not believe that their son is in excess weight.

The study was conducted in-depth Zoom8 INRAN in a sample of 2100 children of 8-9 years and has deepened some aspects investigated by OKkio to health.

Among other things, the study showed that:

- Approximately 70% of children not in the habit of going to school on foot
- 26.8% of children play more than two hours a day in the open air, weekdays

In addition, the time spent by children playing outdoors is related to the safety of the environment surrounding the house and the lack of adequate facilities, especially in the South. For parents, the main source of information on proper nutrition are the figures as pediatricians and other health care professionals and, therefore, we highlight levels of knowledge more in the North and high educational attainment of parents. To improve the welfare of their children, parents suggest reducing advertising on packaged foods, to increase the hours of physical activity undertaken at school and to enhance the public sports facilities. The Health Behaviour in School-aged Children (HBSC), however, was a multicenter study sponsored by the WHO, which aims to collect data on health behaviors in pre-adolescent (11-15 years). The study carried out in collaboration between the ISS, the University of Turin, Padua and Siena, involved for the first time all regions. The study 2009-10, with regard to children between the ages of 11 and 15 years (77,000 children) indicates among other things:

- A percentage of 40% of males and 24% of females aged 15 who claim to consume alcohol at least once a week;

- A decrease of excess weight with age: the frequency of overweight and obese boys ranging from 29.3% in males and from 19.5% in females olds, 25.6% in males and 12, 3% in females of 15 years. Emerges a lower daily consumption of vegetables in the South and among males;
- A 19%-olds (male and female) who say they smoke at least once a week;
- The carrying out of less physical activity among boys of 15 years (47.5% of males and 26.6% females) compared with thirteen (50.9% of males and 33.7% of females).

### Model construction set

At a time when the diet does not produce the expected results, we introduce a therapeutic discourse, as the therapy goes beyond the diet: we must look not to the pound but the person who is made of experiences, ideas and beliefs that are almost always cleared. Must make it clear to all parties that you can change your weight by changing their diet, compared to a normal and not a restriction. The energy expenditure in obese individuals is often or almost always higher than the expenditure of the people of normal weight and this belief would be enough so as not to feel the obese a different, one that must have restrictions than others. With regard to the normal food intake is able to bring back the pounds to the weight that is healthy to the weight that is right for that individual originated mainly of thoughts, ideas and state of health behaviors. If you cannot reach satiety are unable to control himself, but when it stimulates hunger fight becomes uneven and you have a loss of control, therefore, it can be deduced that the primary objective of treating obesity is not the weight loss but the ability to control and can be reached by replacing the diet with the rule which provides the breaking. Obviously, the offense should be planned in advance and is not to be avoided. In fact, if programmed, in a psycho-educational program, and the training for its management, it is able to experience the pleasure of the control, so as to be able to experience the pleasure to control, reaching, so a degree of satisfaction due to the success of part of the obese to get out of its continuing failure and guilt. Consequently, this small step will follow each other and creating a virtuous circle that starting from the management capacity of the transgression does not arrive at the loss of control and therefore avoidance in binge: this represents a strong injection of antidepressant that becomes the point hinge of a series of positive thoughts that have as affect the acquisition of control food, leading to weight loss and the ability to keep forever. Surely it is a difficult and long, but at the same time, possible. The management of this program cannot be left up to the individual but to operators (doctor-dietician and psychologist) who take charge of the whole person, as the obesity problem must be cared for by health professionals. The diabetic, the hypertensive, the cancer never dream to heal themselves, so even the obese, as well as the pounds and the problems, it can also take on some of his illness.

### Considerations

The problem of childhood obesity is common in Italy and the data is receiving from the boys of wrong information about a healthy lifestyle, outlined by an equally good nutrition and exercise. We deduce, therefore, that a sedentary lifestyle and eating the wrong way of the child, affecting the quality of life of the future adult and you have to educate children from an early age in order to offer them the opportunity to create the conditions for a better quality of life. Important task is assigned to the parents, the first proponents of the quality of life of their children, but in the world we live in, where the work and the various commitments take your time for families, it is difficult to handle this delicate situation. As a result, the boys are "parked" in front of the television, the PC in the company of snacks and sodas. You have to turn the page, you must replace the snacks more healthful foods, such as milk shakes, fresh fruit, nuts, yogurt, and raw vegetables and / or cooked. Addition, we must accustom the child to consume at least 5 meals a day, without consuming an excessive amount of food. To promote the dissemination of accurate information to families of children in primary schools and promoting informed choices, it would be appropriate to also arrange also communication tools aimed at boys and many are involved professionalism. In fact, as stated in the literature, interventions for prevention and health promotion are the ones most appropriate intersect oral and multidisciplinary, involving the direct involvement of families, schools, health professionals, promote not only healthy eating but also the ' physical activity, parent training and run for several years. The moment you have with a hush of obese subjects, we must surely begin a journey that few are able to do, that is, we must insist on the very knowledge of this disease, what are the risk factors, as you might feel better if you care, all simply through a healthy lifestyle, of course with the right combination of diet and physical activity. Of course, after the fact-finding phase, you enter the next one, or to an actual programming of motor activity and a nutrition plan. Surely you must start working on based monitoring to the failure of weight maintenance achieved, the establishment of an impairment of the psychological and behavioral, such as feelings of guilt, failure, low self-esteem, shame, depression and inability to control him often resulting in binge and sometimes vomiting. It was found that nowadays increasingly gaining power disorder called binge eating disorder. The binge eating disorder (DAI) corresponding to the Binge Eating Disorder (BED) of the Anglo-Saxon is related to the continuing failure by crash dieting (YoYo's syndrome). The imposition of a rigid control inevitably leads to loss of control resulting in a caloric intake is not planned nor controlled, and therefore, the failure of compliance with the prescribed food plan: the experience of the individual is certainly characterized by a sense of ashamed of, which, among other, enhances the thoughts of weakness and lack of will already

widely tested by the same, establishing, thus, bankruptcy and guilt-ridden thoughts that affect the quality of life itself. Obviously we talk about this disease, unfortunately, too late, and you intervene even so late, changing the habits of individuals,

causing an imbalance in their lives, wrong. Our thoughts, so it is open to all parents to teach their children to plan a healthy diet and constant motor activity, in order to obtain a good quality of life to which all will benefit in the near future.

## References

- Bellizzi, M.C., & Dietz, W.H. (1999). Workshop on childhood obesity: summary of the discussion. *Am J Clin Nutr*, 70(1), S, 173-175.
- Bláha, P., & Vignerová, J. (2000). *Investigation of the Growth of Czech Children and Adolescents*. Prague: National Institute of Public Health.
- Confalone, C. (2002). *Redazione Ministerosalute.it*. Rome: Ministro.
- Cole, T.J., Bellizzi, M.C., Flegal, K.M., & Dietz, W.H. (2000). Establishing a standard definition of child overweight and obesity worldwide: international survey. *BMJ*, 320, 1240-1243.
- Giordani, C. (2002). *Redazione Ministerosalute.it*. Rome: Ministro.
- Giampietro, M., Spada, R., & Caldaroni, G. (2001). L'Attività Fisica nella Terapia dell'Obesità. Milano-Firenze-Napoli: Mediserve Ed., 1-3.
- Kautiainen, S., Rimpelä, A., Vikat, A., & Virtanen, S.M. (2002). Secular trends in overweight and obesity among Finnish adolescents in 1977 – 1999. *Int J Obes*, 2002.
- Krassas, G.E., Tzotzas, T., Tsamatis, C., & Konstantinidis, T. (2001). Prevalence and trends in overweight and obesity among children and adolescents in Thessaloniki, Greece. *J Pediatr Endocrinol Metab*, 2001.
- Kuczumski, R.J., Ogden, C.L., Grummer-Strawn, L.M., Flegal, K.M., Guo, S.S., Wei, R., Mei, Z., Curtin, L.R., Roche, A.F., & Johnson, C.L. (2000). *CDC Growth Charts: United States Advance Data from Vital and Health Statistics, no. 314*. National Center for Health Statistics: Atlanta.
- Lobstein, T., Baur, L., & Uauy, R. (2004). *(International Obesity Task Force) - Obesity in children and young people: a crisis in public health*. London.
- Lobstein, T.J., James, W.P.T., Cole, T.J. (2003). Increasing levels of excess weight among children in England. - *Int J Obes*, 2003.
- Majem, L.S., Barba, L.S., Bartrina, J.A., Rodrigo, C.P., & Santana, P.S. (2001). Epidemiología de la obesidad infantil y juvenil en España. Resultados del estudio enKid (1998 - 2000). In: Majem LS, Bartrina JA (eds) - *Child and Adolescent Obesity: the Enkid Study* - Masson: Barcelona.
- Must, A., & Strauss, R.S. (1999). Risks and consequences of childhood and adolescent obesity. 1999.
- Perra, A., Bella, A., Kodra, Y., & Cuccia, M. (2002). Nutritional status, dietary habitus, physical activity and self-perceived body image of pre-adolescents in Catalonia, Sicily, 2002. *Bollettino Epidemiologico Nazionale*, 2002.
- Perrotta, F. (2008). *Dietetica e nutrizione - edizioni goliardiche*. Udine: DoE.
- Riley, D.J., Santiago, T., & Edelman, N.H. (1976). Complications of obesity hypoventilation syndrome in childhood. *Am J Dis Child*, 1976.
- Rodriguez, M.A., Winkleby, M.A., Ahn, D., Sundquist, J., & Kraemer, H.C. (2002). Identification of population subgroups of children and adolescents with high asthma prevalence: findings from the Third National Health and Nutrition Examination Survey. *Arch Pediatr Adolesc Med*, 2002.
- Rogers, J., & Mitchell, G.W. (1956), The relation of obesity to menstrual disturbances. *N Engl J Med*, 1956.
- Sardinha, L.B., Going, S.B., Teixeira, P.J., & Lohman, T.G. (1999). Receiver operating characteristic analysis of body mass index, triceps skin fold thickness, and arm girth for obesity screening in children and adolescents. *Am J Clin Nutr*, 1999.
- Scott, C.R., Smith, J.M., Craddock, M.M., & Pihoker, C. (1997). Characteristics of youth-onset non-insulin-dependent diabetes mellitus and insulin-dependent diabetes mellitus at diagnosis. *Pediatrics*, 1997.
- Stenius-Aarniala, B., Poussa, T., Kvarnstrom, J., Gronlund, E.L., Ylikahri, M., & Mustajoki, P. (2000). Immediate and long term effects of weight reduction in obese people with asthma: randomised controlled study. *BMJ*, 2000.
- Wang, Y. (2002), Is obesity associated with early sexual maturation? A comparison of the association in American boys versus girls. *Pediatrics*, 2002.
- Wang, Y., Monteiro, C., & Popkin, B.M. (2002). Trends of obesity and underweight in older children and adolescents in the United States, Brazil, China, and Russia. *Am J Clin Nutr*, 2002.
- \* \* \* (2000). World Health Organisation - Obesity: preventing and managing the global epidemic - Report of a WHO consultation.
- \* \* \* (1998). Croatian Health Service Yearbook. Zagreb.
- \* \* \* (2002). International Obesity Task Force data, based on population-weighted estimates from published and unpublished surveys, 1990 - 2002 (latest available), using IOTF-recommended cut-offs for overweight and obesity.
- \* \* \* (2002). Instruction manual. Tanita Corporation.
- \* \* \* (2003). Federazione Italiana Pallacanestro - Tutti i segreti del Minibasket.

## PRETILO DIJETE, PROBLEM DJECE DANAS

### Sažetak

Jedna pojava koja svakako alarmira i nastavlja eksponencijalni rast je da djeca jedu previše i povrijeđuju se. Izgled djeteta, za otprilike uzrast od 10 godina, je takav da 15 od 100 dječaka, u kritičnoj razvojnoj dobi (od 6 – 14 g.) je pretilo, a nažalost to nije jednostavna prekomjerna težina: U nekim slučajevima stvarno smo součeni sa činjenicom da oko 30 % pretile djece već pati od bolesti koje su jednom napadale samo odrasle, a to su hipertenzija i visoki holesterol. Djecu i adolescente, dakle, ne treba pustiti da jedu koliko žele jer ih to može odvesti u pogreške koje izazivaju štetne posljedice po zdravlje u budućnosti. Stoga je jako važna, u slučaju dječje pretilosti, uloga roditelja u edukaciji i stjecanju prehrambenih navika, kao i osobna svijest o tome što je dobro ili loše po zdravlje u terminima intenziteta, odnosno količine. Sigurno je teško voljeti voće i povrće, dobiti ih da izbjegavaju slatkiše i masti, potaknuti ih da cijene raznoliku hranu i naviknuti ih na se ne prelazi potrebna količina, ali je prije svega važno da nauče kako ne kompromitirati svoje zdravlje. Svrha održavanja informativnih kampanja Ministarstva zdravstva u školama za učenike je slijedeće: bez opsjednutosti i bez kažnjavanja treba im pomoći shvatiti što je najbolje jesti i usmjeriti ih prema zdravom i uravnoteženom odnosu s hranom, gradeći poštovanje za tijelo i fizički izgled.

**Ključne riječi:** edukacija, motorika, pretilost, sjedeći životni stil, prehrana i sport, životni stilovi

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