

Nutrition, Physical Activity and Obesity Italy



© Sally Donaldson

This is one of the 53 country profiles covering developments in nutrition, physical activity and obesity in the WHO European Region. The full set of individual profiles and an overview report including methodology and summary can be downloaded from the WHO Regional Office for Europe website: <http://www.euro.who.int/en/nutrition-country-profiles>.

© World Health Organization 2013
All rights reserved.

DEMOGRAPHIC DATA	
Total population	60 551 000
Median age (years)	43.2
Life expectancy at birth (years) female male	84.0 78.6
GDP per capita (US\$)	33 877.0
GDP spent on health (%)	14.0

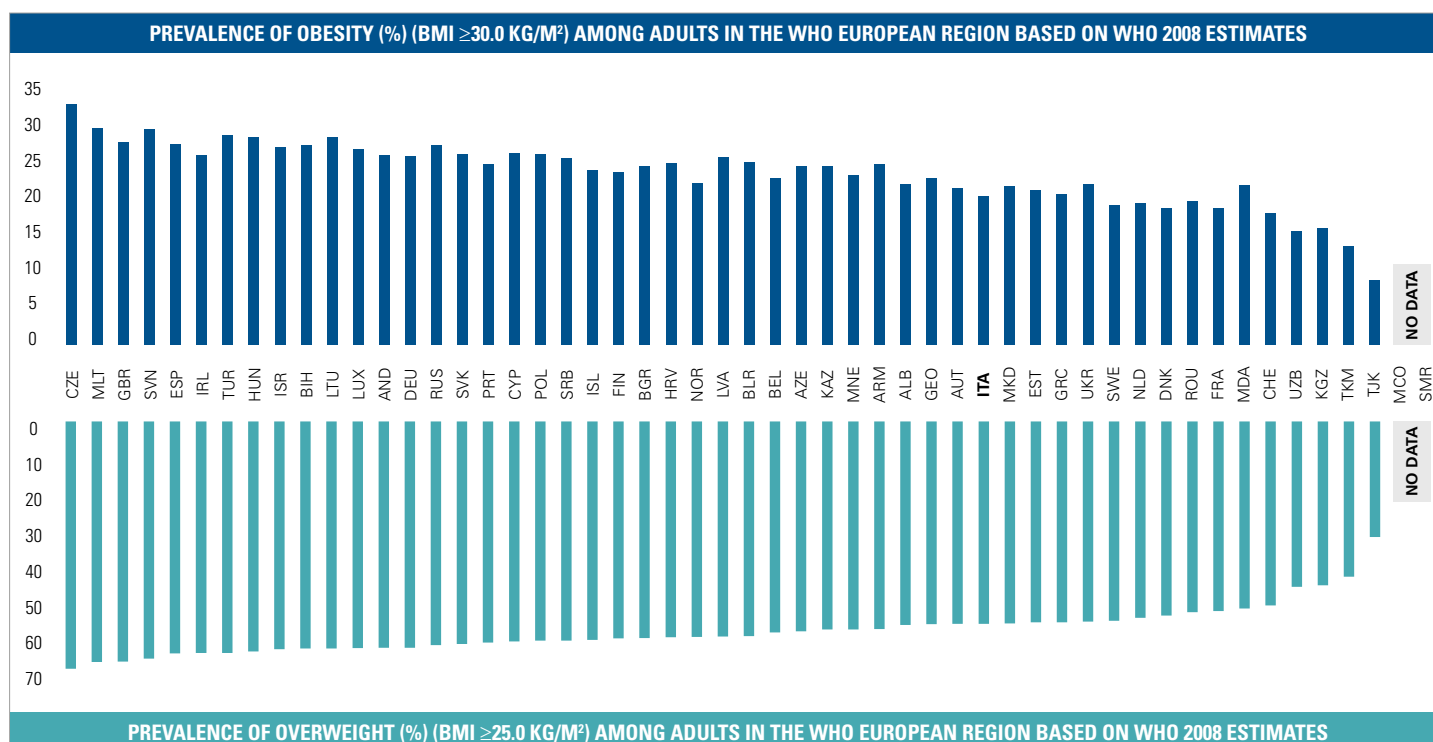
Monitoring and surveillance Overweight and obesity in three age groups

Adults (20 years and over)

Intercountry comparable overweight and obesity estimates from 2008 (1) show that 54.1% of the adult population (≥ 20 years old) in Italy were overweight and 19.8% were obese. The prevalence of overweight was higher among men (61.8%) than women (47.1%). The proportion of men and women that were obese was 21.2% and 18.5%, respectively. Adulthood obesity prevalence forecasts (2010–2030) predict that in 2020, 16% of men and 12% of women will be obese. By 2030, the model predicts that 20% of men and 15% of women will be obese.¹



Source: WHO Global Health Observatory Data Repository (1).



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data ranking for obesity is intentionally the same as for the overweight data. BMI: body mass index.
Source: WHO Global Health Observatory Data Repository (1).

¹ Report on modelling adulthood obesity across the WHO European Region, prepared by consultants (led by T. Marsh and colleagues) for the WHO Regional Office for Europe in 2013.

Adolescents (10–19 years)

In terms of prevalence of overweight and obesity in adolescents, up to 35% of boys and 22% of girls among 11-year-olds were overweight, according to data from the Health Behaviour in School-aged Children (HBSC) survey (2009/2010).² Among 13-year-olds, the corresponding figures were 27% for boys and 17% for girls, and among 15-year-olds, 26% and 12%, respectively (2).

Children (0–9 years)

Estimates from the first round (2007/2008) of the WHO European Childhood Obesity Surveillance Initiative (COSI) show that among 8-year-olds in Italy, 49.0% of boys and 42.5% of girls were overweight and 26.6% and 17.3%, respectively, were obese.² Among 9-year-olds, 47.1% of boys and 40.1% of girls were overweight, and 25.7% and 15.8%, respectively, were obese (3).

PREVALENCE OF OVERWEIGHT (%) IN ITALIAN ADOLESCENTS (BASED ON SELF-REPORTED DATA ON HEIGHT AND WEIGHT)

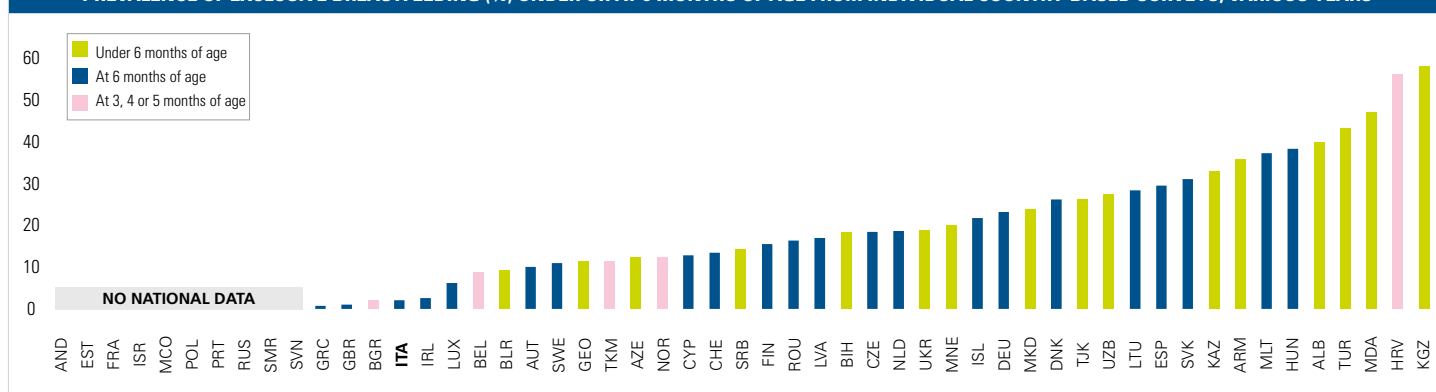
35	22	27	17	26	12
11-year-olds		13-year-olds		15-year-olds	

Source: Currie et al. (2).

Exclusive breastfeeding until 6 months of age

Nationally representative data from 2008 show that the prevalence of exclusive breastfeeding at 6 months of age was 2.0% in Italy.³

PREVALENCE OF EXCLUSIVE BREASTFEEDING (%) UNDER OR AT 6 MONTHS OF AGE FROM INDIVIDUAL COUNTRY-BASED SURVEYS, VARIOUS YEARS



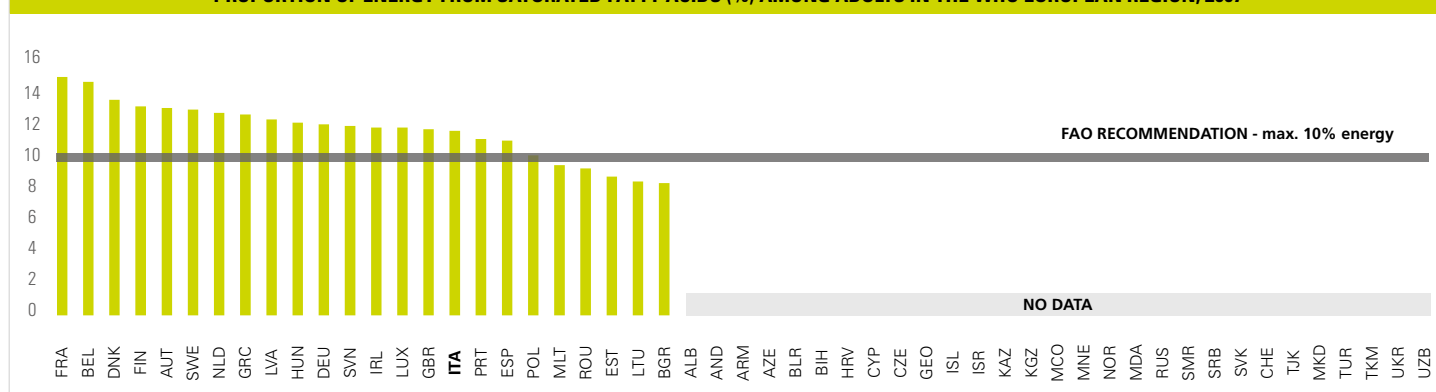
Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution.

Source: WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Saturated fat intake

According to 2007 estimates, the adult population in Italy consumed 11.3% of their total calorie intake from saturated fatty acids (4).

PROPORTION OF ENERGY FROM SATURATED FATTY ACIDS (%) AMONG ADULTS IN THE WHO EUROPEAN REGION, 2007



Notes. The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the FAO recommendation – fall within the positive frame of the indicator. FAO: Food and Agriculture Organization of the United Nations.

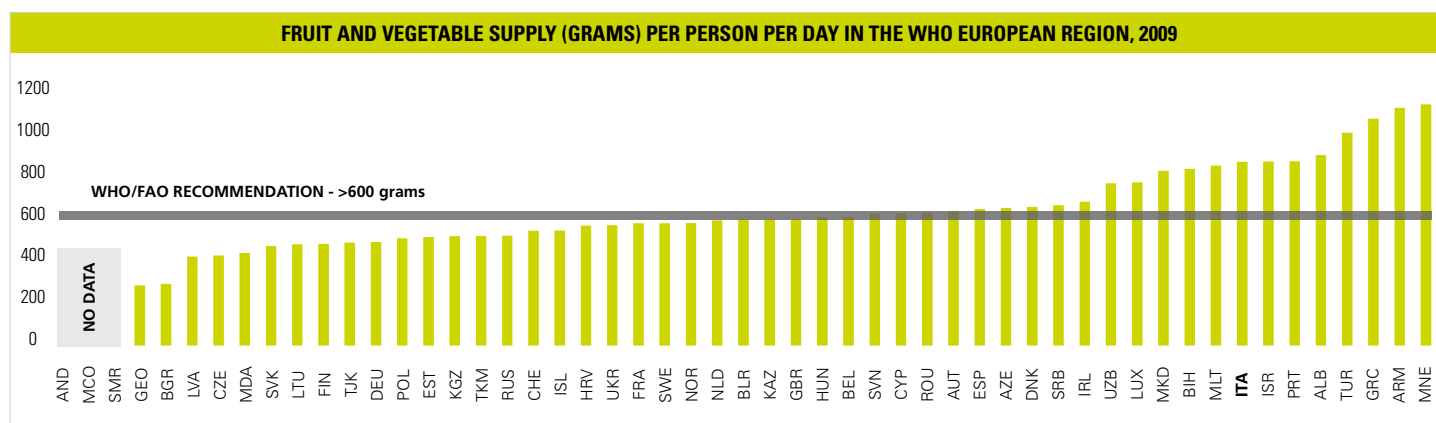
Source: FAOSTAT (4).

² Based on 2007 WHO growth reference.

³ WHO Regional Office for Europe grey literature from 2012 on breastfeeding.

Fruit and vegetable supply

Italy had a fruit and vegetable supply of 855 grams per capita per day, according to 2009 estimates (4).

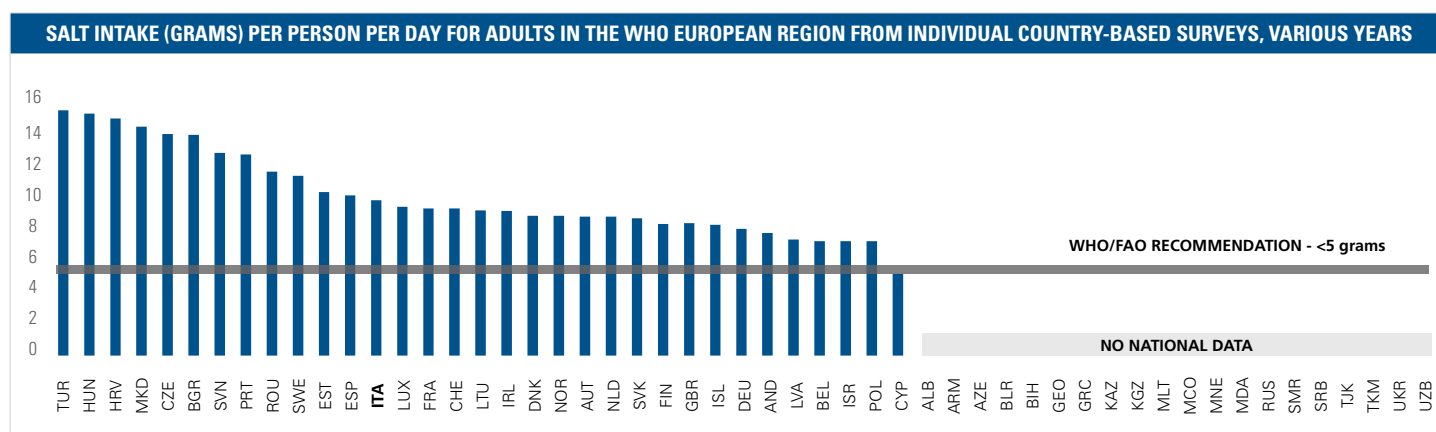


Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Ranking of data was carried out so that country data at the right-hand side of the graph – with values above the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: FAOSTAT (4).

Salt intake

Data from 2008 show that salt intake in Italy was 11.0 grams per day for men and 8.0 grams per day for women (5).



Notes: The country codes refer to the ISO 3166-1 Alpha-3 country codes. Data were derived from country-specific publications on surveys carried out in this field, not as part of a European-wide survey. Due to different data collection methods of the country-specific surveys, any comparisons between countries must be made with caution. Ranking of data was carried out so that country data at the right-hand side of the graph – with values below the WHO/FAO recommendation – fall within the positive frame of the indicator.

Source: WHO Regional Office for Europe (5).

Iodine status

According to the most recent estimates on iodine status, published in 2012, the proportion of the population with an iodine level lower than 100 µg/L was 50.2% (6, 7).

Physical inactivity

In Italy, 56.9% of the population aged 15 years and over were insufficiently active (men 51.0% and women 61.8%), according to estimates generated for 2008 by WHO (1).

Policies and actions

The table below displays (a) monitoring and evaluation methods of salt intake in Italy; (b) the stakeholder approach toward salt reduction; and (c) the population approach in terms of labelling and consumer awareness initiatives (5).

Salt reduction initiatives

Monitoring & evaluation		Stakeholder approach			Population approach						
					Labelling	Consumer awareness initiatives					
		Industry involvement	Food reformulation	Specific food category		Brochure Print	TV Radio	Website Software	Education Schools	Conference	Reporting
Industry self-reporting											
Salt content in food	XX										
Salt intake	XXX										
Consumer awareness				10% salt reduction in bread by 2012							
Behavioural change		XXX									
Urinary salt excretion (24 hrs)	XXX					XXX	XXX		XX		XX

Notes: XX partially implemented; XXX fully implemented.

Source: WHO Regional Office for Europe (5).

Trans fatty acids (TFA) policies

Legislation	Type of legislation	Measure

Source: WHO Regional Office for Europe grey literature from 2012 on TFA and health, TFA policy and food industry approaches.

Price policies (food taxation and subsidies)

Taxes	School fruit schemes
	✓

Sources: WHO Regional Office for Europe grey literature from 2012 on diet and the use of fiscal policy in the control and prevention of noncommunicable diseases; EC School Fruit Scheme website (8).

Marketing of food and non-alcoholic beverages to children (9)

In May 2007 the National Health Plan 2006–2008 (10) was approved by the Government and promoted by the Ministry of Health to help fight cardiovascular diseases, cancer, diabetes, obesity and other diet-related noncommunicable diseases. The plan contains a section on food advertising to children, proposing the monitoring of marketing messages and the reduction of advertising through self-regulation.

Physical activity (PA), national policy documents and action plans

Sport	Target groups	Health	Education		Transportation	
Existence of national "sport for all" policy and/or national "sport for all" implementation programme	Existence of specific scheme or programme for community interventions to promote PA in the elderly	Counselling on PA as part of primary health care activities	Mandatory physical education in primary and secondary schools	Inclusion of PA in general teaching training	National or subnational schemes promoting active travel to school	Existence of an incentive scheme for companies or employees to promote active travel to work

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the European Union (EU).

Leadership, partnerships and professional networks on health-enhancing physical activity (HEPA)

Existence of national coordination mechanism on HEPA promotion	Leading institution	Participating bodies

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

PA recommendations, goals and surveillance

Existence of national recommendation on HEPA	Target groups addressed by national HEPA policy	PA included in the national health monitoring system
	General population, vulnerable and low socioeconomic groups	

Source: country reporting template on Italy from 2009 developed in the context of a WHO/EC project on monitoring progress on improving nutrition and PA and preventing obesity in the EU.

References

1. WHO Global Health Observatory Data Repository [online database]. Geneva, World Health Organization, 2013 (<http://apps.who.int/gho/data/view.main>, accessed 21 May 2013).
2. Currie C et al., eds. *Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey*. Copenhagen, WHO Regional Office for Europe, 2012 (Health Policy for Children and Adolescents, No. 6) (http://www.euro.who.int/__data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf, accessed 21 May 2013).
3. Wijnhoven TMA et al. WHO European Childhood Obesity Surveillance Initiative 2008: weight, height and body mass index in 6–9-year-old children. *Pediatric Obesity*, 2013, 8(2):79–97.
4. FAOSTAT [online database]. Rome, Statistics Division of the Food and Agriculture Organization of the United Nations, 2013 (<http://faostat.fao.org/>, accessed 21 May 2013).
5. *Mapping salt reduction initiatives in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0009/186462/Mapping-salt-reduction-initiatives-in-the-WHO-European-Region-final.pdf, accessed 29 May 2013).
6. Andersson M, Karumbunathan V, Zimmermann MB. Global iodine status in 2011 and trends over the past decade. *Journal of Nutrition*, 2012, 142(4):744–750.
7. Zimmerman MB, Andersson M. Update on iodine status worldwide. *Current Opinion in Endocrinology, Diabetes and Obesity*, 2012, 19(5):382–387.
8. School Fruit Scheme [website]. Brussels, European Commission Directorate-General for Agriculture and Rural Development, 2012 (http://ec.europa.eu/agriculture/sfs/eu-countries/index_en.htm, accessed 21 May 2013).
9. *Marketing of foods high in fat, salt and sugar to children: update 2012–2013*. Copenhagen, WHO Regional Office for Europe, 2013 (http://www.euro.who.int/__data/assets/pdf_file/0019/191125/e96859.pdf, accessed 10 October 2013).
10. *Piano sanitario nazionale 2006–2008* [National Health Plan 2006–2008]. Rome, Ministry of Health, 2006 (http://www.salute.gov.it/imgs/C_17_pubblicazioni_987_allegato.pdf, accessed 12 June 2013).