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COMPARATIVE REVIEW OF OBESITY IN BRAZIL AND ITALY: EPIDEMIOLOGICAL TRENDS, DETERMINANTS, AND PUBLIC HEALTH IMPLICATIONS

REVISÃO COMPARATIVA DA OBESIDADE NO BRASIL E NA ITÁLIA: TENDÊNCIAS EPIDEMIOLÓGICAS, DETERMINANTES E IMPLICAÇÕES PARA A SAÚDE PÚBLICA

REVISIÓN COMPARATIVA DE LA OBESIDAD EN BRASIL E ITALIA: TENDENCIAS EPIDEMIOLÓGICAS, DETERMINANTES E IMPLICACIONES PARA LA SALUD PÚBLICA

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ABSTRACT

Obesity is today one of the biggest health problems in the world, bringing many medical, social and also economic issues. In this review we look at the situation of obesity in Brazil and Italy, using data from national reports and some international surveys. The comparison of these two countries makes sense because Brazil has a very large population of italian immigrants and their descendants, and also because both countries have universal health systems (SUS in Brazil and SSN in Italy). These common points make it possible to see how distinct social and cultural contexts can change the obesity epidemic. The findings show that overweight and obesity are very frequent in both adults and children. In Brazil the numbers are rising fast, while in Italy they look more stable in recent years. Social inequalities, changes in food habits, and low levels of physical activity are important factors in both cases. At the end, the review points to similarities and differences that can help build better health policies in the future.

Keywords: Obesity. Epidemiology. Socioeconomic Inequalities. Public Health Policy. Brazil and Italy Comparison.

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RESUMO

A obesidade constitui atualmente um dos maiores problemas de saúde em escala global, gerando impactos médicos, sociais e também econômicos. Nesta revisão, analisamos a situação da obesidade no Brasil e na Itália, utilizando dados provenientes de relatórios nacionais e de alguns inquéritos internacionais. A comparação entre esses dois países é pertinente, uma vez que o Brasil possui uma expressiva população de imigrantes italianos e seus descendentes, além de ambos os países disporem de sistemas universais de saúde (SUS no Brasil e SSN na Itália). Esses pontos em comum permitem observar como diferentes contextos sociais e culturais podem influenciar a dinâmica da epidemia de obesidade. Os achados indicam que o excesso de peso e a obesidade são altamente prevalentes tanto em adultos quanto em crianças. No Brasil, os números apresentam crescimento acelerado, enquanto na Itália mostram-se mais estáveis nos últimos anos. Desigualdades sociais, mudanças nos padrões alimentares e baixos níveis de atividade física figuram entre os principais fatores em ambas as realidades. Por fim, a revisão evidencia semelhanças e contrastes que podem contribuir para a formulação de políticas de saúde mais eficazes no futuro.

Palavras-chave: Obesidade. Epidemiologia. Desigualdades Socioeconômicas. Política de Saúde Pública. Comparação entre Brasil e Itália.

RESUMEN

La obesidad constituye en la actualidad uno de los principales problemas de salud a nivel mundial, generando repercusiones médicas, sociales y también económicas. En esta revisión se analiza la situación de la obesidad en Brasil e Italia, a partir de datos de informes nacionales y de algunas encuestas internacionales. La comparación entre estos dos países resulta pertinente, dado que Brasil cuenta con una numerosa población de inmigrantes italianos y sus descendientes, y porque ambos disponen de sistemas universales de salud (SUS en Brasil y SSN en Italia). Estos puntos en común permiten observar cómo distintos contextos sociales y culturales pueden influir en la dinámica de la epidemia de obesidad. Los hallazgos indican que el sobrepeso y la obesidad son altamente prevalentes tanto en adultos como en niños. En Brasil, las cifras muestran un aumento acelerado, mientras que en Italia se mantienen más estables en los últimos años. Las desigualdades sociales, los cambios en los hábitos alimentarios y los bajos niveles de actividad física se destacan como factores relevantes en ambos contextos. Finalmente, la revisión señala similitudes y diferencias que pueden contribuir a la formulación de políticas de salud más eficaces en el futuro.

Palabras clave: Obesidad. Epidemiología. Desigualdades Socioeconómicas. Política de Salud Pública. Comparación entre Brasil e Italia.

INTRODUCTION

Obesity is one of the main causes behind many chronic diseases, like type 2 diabetes, high blood pressure, heart problems and some kinds of cancer (Kolotkin; Meter; Williams, 2001). In the last decades, the number of people with obesity has gone up a lot all over the world, bringing new and serious challenges to health systems. When we compare different countries, we can see not only what they share but also the special conditions that explain the differences in obesity trends (Haslam; James, 2005).

Looking at Brazil and Italy together is important for some reasons. Brazil has one of the biggest groups of italian immigrants and their children outside of Europe, and this history brings cultural and food habits that still can influence health today (Verdugo Lazo; Rathie, 1988). Also, both nations have public health systems for everyone, *Sistema Único de Saúde* (SUS) in Brazil and *Servizio Sanitario Nazionale* (SSN) in Italy, which gives a good way to compare how each country is trying to face obesity at a population level (Lopes et al., 2021).

For these reasons, Brazil and Italy are good cases to study how social, cultural and economic contexts change the way obesity grows and how it is controlled. In this review, we use data from both countries to compare obesity numbers, risk factors and the main policies made to prevent the disease.

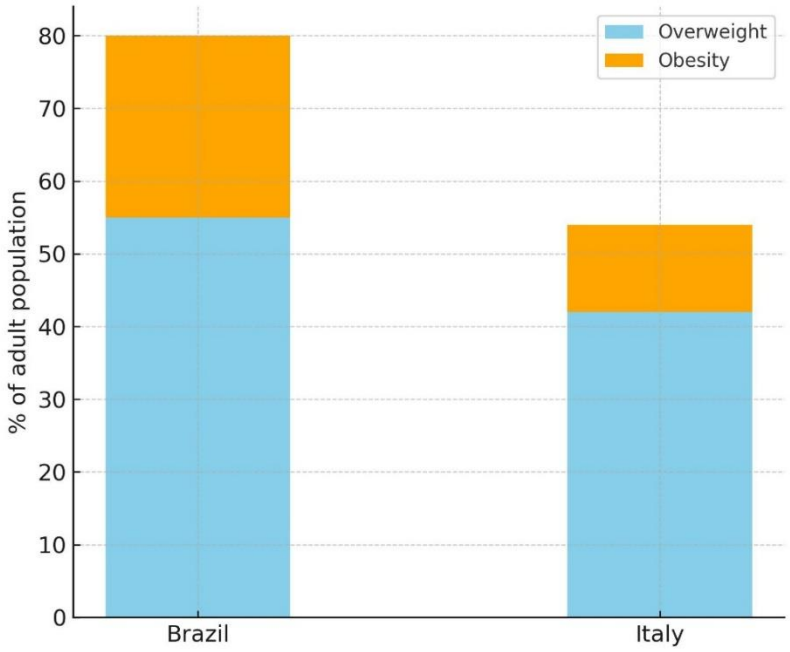
METHODS

This review is made using two national reports on obesity, both published by the Global Obesity Observatory together with partner groups. For Brazil, the data come from the *Instituto Brasileiro de Geografia e Estatística* (IBGE), from Vigitel surveys, and also other national health systems. For Italy, the main sources are the PASSI survey for adults and the *OKkio alla SALUTE* program for children, with extra information from WHO-COSI and IOTF studies. These reports bring numbers about how common obesity is, how it changed with time, differences by age and social groups, the main risk factors and the health problems related with obesity. It is important to note that the methods are not exactly the same: some data is self-reported while other is measured, and the age groups are not always equal, which makes a limitation in the comparison.

EPIDEMIOLOGICAL OVERVIEW

In Brazil, more than half of the adults today are overweight or obese, and the numbers have been going up since the 1970s without stop. Men and women are both affected, but women with lower income and education show even higher levels (Martins, 1999). In Italy, about 40 to 45% of adults are overweight and between 10 and 15% are obese (Figure 1). Information from the PASSI system (2016–2024) shows heterogeneity by region and social class, with the south of the country having more cases than the north.

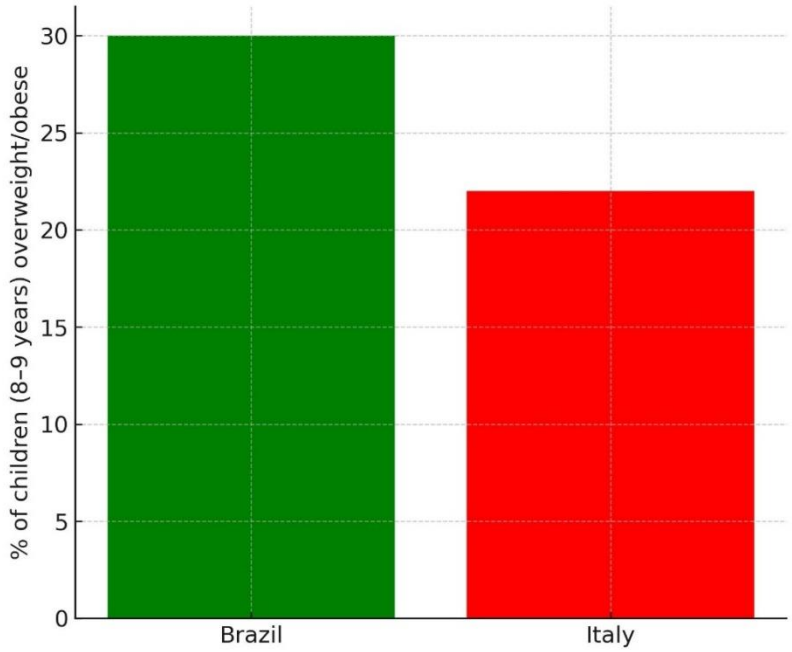
Figure 1. Prevalence of overweight and obesity among adults in Brazil and Italy. Data illustrate the higher and continuously increasing rates observed in Brazil compared with more stable but still elevated levels in Italy.



Source: Prepared by the authors.

Obesity in children is also a serious problem in both countries. In Brazil, national studies show that childhood obesity keeps rising in all age groups, which shows how fast the problem is growing among young people. In Italy, about 20 to 25% of kids from 8 to 9 years old are overweight or obese (Figure 2). Data from *OKkio alla SALUTE* and other programs say that these numbers have grown since 2007, but in some years, there are signals that the problem may be stabilizing (Silano; Agostoni; Fattore, 2019).

Figure 2. Prevalence of overweight and obesity among children aged 8–9 years in Brazil and Italy. The data highlight the rapid increase in childhood obesity in Brazil and the relatively high but more stable prevalence observed in Italy.



Source: Prepared by the authors.

DEMOGRAPHIC AND SOCIAL DISTRIBUTION

In both countries, obesity shows clear links with social and economic disparity. In Brazil, the problem is stronger in the North and Northeast, and it is closely related with lower levels of education (Guimarães et al., 2023). In Italy, the situation looks similar, with more obesity in the South and Islands, where money problems and low education of parents make the risk higher. Gender also plays a role (Cantalini et al., 2025). In Brazil, women in poor and vulnerable groups are more affected, while in Italy the divergence between men and women is smaller, but social class still makes a big difference in who gets more obese.

LIFESTYLE AND BEHAVIORAL DETERMINANTS

Eating habits in Brazil and Italy come from diverse cultural backgrounds, but today they are moving in the same unhealthy direction. In Brazil, the fast nutrition change has brought more ultra-processed foods and sugary drinks, while people eat less fruits, vegetables and other natural foods. In Italy, even with the tradition of the Mediterranean diet, studies show that people are eating more sweets, snacks and processed meats, and at the same time fewer whole grains, fruits

and vegetables. Another big problem in both countries is the lack of physical activity. More and more children, teenagers and also adults spend long hours sitting and not moving enough. This rise of sedentary lifestyle makes obesity even worse and shows how daily behavior is a strong factor in this epidemic (Lombardo et al., 2021; Souza et al., 2022).

HEALTH CONSEQUENCES

The health problems caused by obesity look very similar in Brazil and Italy. In both countries, obesity is closely connected with metabolic and heart conditions like high blood pressure, type 2 diabetes and cholesterol issues. It also raises the risk for many types of cancer, like breast, colon, pancreas, kidney and uterus cancer (Tutor et al., 2023).

But the impact is not only physical. Obese people in both nations often suffer more with anxiety and depression, and the social stigma makes life harder, lowering quality of life. All these problems together create a big pressure on the health system, bringing higher costs and also reducing productivity of the population (Tronieri et al., 2017).

SOCIOECONOMIC BARRIERS TO HEALTHY EATING

Money differences are a main reason for obesity in both Brazil and Italy, because the cost of food decides if people can eat healthy or not. In Brazil, almost one third of the population cannot pay for a proper healthy diet, and this problem is even worse in rural areas and poor families. In Italy, people with money problems also say it is hard to keep a balanced diet, and this is directly linked with more cases of overweight and obesity. These facts show that social and economic barriers are strong forces that keep obesity high in both countries (Cantalini et al., 2025; Guimarães et al., 2023).

PUBLIC HEALTH POLICIES AND STRATEGIES

Brazil and Italy use different but also complementary ways to fight obesity. In Brazil, the *Guia Alimentar para a População Brasileira* (Food Guide for the Brazilian Population) gives advice to eat more natural and less processed foods, and to avoid ultra-processed products. The

country also made rules for front labels on packages and created school food programs to help kids learn healthier habits (Rodrigues; Miranda; Cabrini, 2023).

In Italy, the focus is more on protecting the traditional Mediterranean diet, while also encouraging people to do more physical activity with school and regional programs. The country also keeps close watch on obesity with national systems like *OKkio alla SALUTE* and PASSI. Even if the strategies are not the same, both nations show that large-scale actions are needed to control the obesity epidemic (Castro, 2017).

DISCUSSION

The comparison between Brazil and Italy shows both similarities and divergences (Table 1). In the two countries, obesity is very common, linked with social inequality, bad changes in diet, and more sedentary life. A main challenge in both places is to make healthy food accessible for everyone, not only for richer groups.

At the same time, there are clear differences. In Brazil, obesity has grown very fast, mostly because of the big increase in ultra-processed foods. In Italy, the numbers are more stable, but still high, and the slow loss of the traditional Mediterranean diet has a big impact.

Looking at policies, Brazil shows how important it is to make rules to limit ultra-processed products, while Italy shows the value of protecting and keeping old healthy food traditions. These two lessons together can help create better strategies for prevention that last longer and work in distinct contexts.

Table 1. Comparative summary of main determinants, social factors, and public health policies addressing obesity in Brazil and Italy.

Aspect	Brazil	Italy
Main determinants	High intake of ultra-processed foods and sugary drinks.	Gradual loss of Mediterranean diet, more processed foods.
Social factors	Stronger impact among low-income women, North/Northeast regions.	Higher prevalence in South/Islands, low parental education.
Public health policies	Food Guide, front-of-pack labeling, school meal programs.	Promotion of Mediterranean diet, school physical activity, national monitoring.

Source: Prepared by the authors.

CONCLUSION

The comparison of obesity in Brazil and Italy demonstrates how social, cultural, and economic contexts shape health outcomes and influence the effectiveness of public health strategies. By examining two countries with shared historical ties but distinct socioeconomic realities, this review highlights not only the global dimension of the obesity epidemic but also the importance of context-specific approaches. These findings contribute to academic knowledge by strengthening the evidence on how structural determinants interact with lifestyle factors in shaping obesity patterns. At the same time, they provide practical insights for policymakers and health professionals seeking to design more equitable interventions and promote healthier food environments, showing how lessons from one country may inspire effective solutions in another.

Nevertheless, this review has limitations. Differences in data sources, methodologies, and age groups across national surveys make direct comparisons challenging and may influence prevalence estimates. In addition, the descriptive nature of this work does not allow for causal inferences. Future research should include longitudinal and comparative studies that explore causal pathways, evaluate the impact of specific policies, and investigate the long-term sustainability of interventions in different sociocultural contexts.

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