FOR DEBATE

SPONTANEOUS PHYSICAL ACTIVITY IN CHILDREN: A DISTURBING FACTOR?

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Dear Editor,

The prevalence of obesity has considerably increased over the last decade and is now a major public health problem. An increase in adiposity in children is associated with increased risk to develop metabolic complications such as diabetes [1] and represents a risk factor for obesity in adult humans [2]. There is evidence suggesting that sedentarity is an important determinant of childhood obesity. Indeed, recent studies demonstrated a significant positive correlation between the number of hours spent at television viewing and body weight [3, 4]. The problem of childhood obesity and its related sedentarity obviously raises the question as to how physical activity can be introduced early in the lifestyle of children exposed to the social context of industrialised countries. The answer to this question requires a good understanding of conditions surrounding physical activity participation in children.

In that respect, we believe that the problem is not correctly perceived by many health professionals. Specifically, this letter is intended to propose the hypothesis that childhood sedentarity is the problem of children who are refrained from spontaneous movement in a context where they are too frequently perceived as disturbing.

It is a truism that lifestyle has dramatically changed during the past century. A modern lifestyle and urbanisation result in relative promiscuity and pose problems related to the security of children. Under free-living conditions, this implies that children do not have the same liberty to go outside and to play without restriction. This phenomenon is also complicated by the growing necessity of both parents to have professional activity and the obligation to allocate more time for transportation to work. In this stressful context, children who are naturally prone to move a lot are perceived as disturbing. As a consequence, the spontaneous active child is frequently exposed to messages refraining his/her behaviour such as “be quiet”, “take care not disturbing neighbours”, “you make too much noise”, “don’t move”... It is not surprising to note that television and video games have become a first choice tool to keep children quiet inside. To some extent, television viewing may have some legitimacy since it offers children an interesting and amusing leisure time activity. The desire to refrain spontaneous movement in the active child becomes much less elegant and legitimate when medications are used to make children calm and quiet. For instance, it has been recently reported a 3-fold increase in the prescription of methylphenidate, a medication used for hyperactive children, in preschoolers from 1991 to 1995 in the USA [5]. The use of pharmacology to control the activity phenotype of some children probably reflects the inability of industrialised countries to promote lifestyle conditions which are in harmony with the biology of the body. Another consequence of this limiting environment is the growing necessity to pay more and more money for practicing leisure time physical activity in a safe and interesting context. This probably explains, in part, why a low socio-economic status is associated with a low physical activity participation and an increased risk to develop obesity.

In conclusion, this letter is primarily intended to draw attention on the possibility that childhood obesity is partly explained by intolerance toward the spontaneous activity behaviour of children. It is our opinion that as long as this factor will not be satisfactorily considered, it will remain very difficult to find permanent solution to the problem of childhood obesity.

REFERENCES