



Artigo Original

2 **TENDÊNCIAS DE COMPORTAMENTO SEDENTÁRIO ENTRE**

3 ESTUDANTES DO SUL DO BRASIL

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22 **Resumo**

23 Introdução: O comportamento sedentário tem sido motivo de preocupação para os pesquisadores no mundo, especialmente no Brasil. Objetivo: Este estudo comparou 24 a atividade física moderada-vigorosa e o comportamento sedentário em dois anos 25 de dois levantamentos (2008 e 2017), relacionando esses comportamentos à 26 27 circunferência abdominal. Métodos: Estudo transversal, com 1.783 alunos, de ambos os sexos, com idade entre 10 e 17 anos: 2008 (n = 977) e 2017 (n = 806). Os 28 29 estudos foram realizados em escolas públicas de um município do sul do Brasil. O nível de atividade física foi avaliado por meio de um questionário de gasto 30 energético. A circunferência abdominal foi considerada alta $\geq 75^{\circ}$ percentil para 31 idade e sexo. Os estudantes foram agrupados de acordo com os níveis de atividade 32 física moderada-vigorosa. O tempo sentado foi considerado comportamento 33 sedentário. Resultados: A proporção de meninos ativos em 2008 (62,2%) foi maior 34 do que em 2017 (34,1%; p <0,001), enquanto a frequência de obesidade abdominal 35 foi maior em 2017 (meninos 36,3%, meninas 25,5%) do que em 2008 (15,7% e 36 10,5%; p <0,001, respectivamente). Em 2017, houve um aumento de 2,8 vezes no 37 risco de prevalência de circunferência abdominal aumentada em relação a 2008 (p 38 <0,001), que foi diretamente relacionado ao aumento de 16,5 vezes no risco de 39 comportamento sedentário elevado (p <0,001) e duas vezes de aumento em quem 40 pratica atividade física moderada-vigorosa < 60min / dia (p <0,001). Conclusão: 0 41 risco de obesidade abdominal aumentou na última década em ambos os sexos, o 42 que parece ser principalmente devido ao comportamento sedentário, além do 43 44 menor nível de atividade física moderada-vigorosa em meninos.

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- 46 Palavras-chave: Comportamento sedentário, Circunferência abdominal,
- 47 Antropometria, Adolescentes, Atividade física.

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Original Article

50 **TRENDS IN SEDENTARY BEHAVIOR AMONG THE SOUTH**

51 **BRAZILIAN STUDENTS**

52 Abstract

Introduction: Sedentary behavior has been a matter of concern for researchers 53 around the world, especially in Brazil. Objective: This study compared the 54 moderate-vigorous physical activity and sedentary behavior between the years of 55 56 two surveys (2008 and 2017), relating these behaviors to waist circumference. Methods: Cross sectional study, included 1783 students, both sexes, aged 10 to 17 57 years were considered: 2008 (n = 977) and 2017 (n = 806). The studies were 58 carried out in public schools in the municipality of southern Brazil. The level of 59 60 physical activity was assessed through an energy expenditure questionnaire. The 61 waist circumference was considered high \geq 75th percentile for age and sex. The students were grouped according to the levels of moderate-vigorous physical 62 activity. Sitting time was used as a proxy of sedentary behavior. Results: The 63 proportion of active boys in 2008 (62.2%) was higher than in 2017 (34.1%; p 64 <0.001) while the frequency of abdominal obesity was higher in 2017 (boys 36.3%, 65 girls 25.5%) than in 2008 (15.7% and 10.5%; p <0.001, respectively). In 2017, 66 there was a 2.8 times increased prevalence risk of increased WC compared to 67 68 2008(p < 0.001), which was directly related to 16.5 times increase in the risk of elevated sedentary behavior (p < 0.001) and two times increase who practice 69 moderate-vigorous physical activity <60min/day (p <0.001). Conclusion: The risk 70 of abdominal obesity increased during the last decade in both sexes, which appears 71 72 to be mainly due to the sedentary behavior, in addition to the lower level of moderate-vigorous physical activity in boys. 73

Keywords: Sedentary behaviors; Waist circumference; Anthropometry;
Adolescents; Physical activity.

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Article original

84 TENDANCES DU COMPORTEMENT SÉDENTAIRE CHEZ LES

85 ÉTUDIANTS DU SUD DU BRÉSIL

86 **Résumé**

Introduction: Le comportement sédentaire a été un sujet de préoccupation pour 87 les chercheurs du monde entier, en particulier au Brésil. Objectif: Cette étude a 88 comparé une activité physique modérée à vigoureuse et un comportement 89 sédentaire sur deux ans de deux enquêtes (2008 et 2017), en reliant ces 90 comportements au tour de taille. Méthodes: Étude transversale, auprès de 1 783 91 élèves, des deux sexes, âgés de 10 à 17 ans : 2008 (n = 977) et 2017 (n = 806). Les 92 93 études ont été menées dans des écoles publiques d'une municipalité du sud du Brésil. Le niveau d'activité physique a été évalué à l'aide d'un questionnaire sur la 94 95 dépense énergétique. Le tour de taille était considéré comme élevé ≥ 75e centile pour l'âge et le sexe. Les élèves ont été regroupés selon des niveaux d'activité 96 97 physique modérée à vigoureuse. Le temps passé assis était considéré comme un 98 comportement sédentaire. Résultats: La proportion de garçons actifs en 2008 (62,2%) était plus élevée qu'en 2017 (34,1%; p < 0,001), tandis que la fréquence 99 de l'obésité abdominale était plus élevée en 2017 (garçons 36,3 %, filles 25,5 %) 100 qu'en 2008 (15,7 % et 10,5 %; p<0,001, respectivement). En 2017, il y a eu une 101 augmentation de 2,8 fois du risque de prévalence d'augmentation du tour de taille 102 par rapport à 2008 (p < 0.001), ce qui était directement lié à l'augmentation de 103 104 16,5 fois du risque de comportement sédentaire élevé (p < 0,001) et deux fois plus élevé chez ceux qui pratiquent une activité physique modérée-vigoureuse < 105 60min/jour (p < 0.001). **Conclusion:** Le risque d'obésité abdominale a augmenté 106 au cours de la dernière décennie chez les deux sexes, ce qui semble être 107 principalement dû à un comportement sédentaire, en plus du niveau inférieur 108 109 d'activité physique modérée à vigoureuse chez les garçons.

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Mots clés: Comportement sédentaire, Circonférence abdominale, Anthropométrie,
 Adolescents, Activité physique.

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Artículo original

120 TENDENCIAS EN EL COMPORTAMIENTO SEDENTARIO ENTRE ESTUDIANTES

121 **DEL SUR DE BRASIL**

122 **Resumen**

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Introducción: El comportamiento sedentario ha sido motivo de preocupación 124 para investigadores de todo el mundo, especialmente en Brasil. Objetivo: Este 125 126 estudio comparó la actividad física moderada-vigorosa y el comportamiento 127 sedentario en dos años de dos encuestas (2008 y 2017), relacionando estos comportamientos con la circunferencia de la cintura. Métodos: Estudio 128 transversal, con 1.783 estudiantes, de ambos sexos, con edades entre 10 y 17 años: 129 2008 (n = 977) y 2017 (n = 806). Los estudios se realizaron en escuelas públicas de 130 un municipio del sur de Brasil. El nivel de actividad física se evaluó mediante un 131 cuestionario de gasto energético. La circunferencia de la cintura se consideró alta ≥ 132 percentil 75 para la edad y el sexo. Los estudiantes fueron agrupados de acuerdo 133 con los niveles de actividad física moderada-vigorosa. El tiempo sentado se 134 consideró un comportamiento sedentario. Resultados: La proporción de niños 135 activos en 2008 (62,2%) fue mayor que en 2017 (34,1%; p <0,001), mientras que 136 la frecuencia de obesidad abdominal fue mayor en 2017 (niños 36,3%, niñas 137 25,5%) que en 2008 (15,7% y 10,5%, p<0,001, respectivamente). En 2017, hubo 138 un aumento de 2,8 veces en el riesgo de prevalencia de aumento de la 139 140 circunferencia de la cintura en comparación con 2008 (p < 0,001), lo que estuvo directamente relacionado con el aumento de 16,5 veces en el riesgo de alto 141 sedentarismo (p < 0,001) y el doble en quienes practican actividad física 142 moderada-vigorosa < 60min/día (p < 0,001). **Conclusión:** El riesgo de obesidad 143 abdominal ha aumentado en la última década en ambos sexos, lo que parece 144 deberse principalmente al comportamiento sedentario, además del menor nivel de 145 actividad física moderada-vigorosa en los varones. 146

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148 Palabras clave: Sedentarismo, Circunferencia abdominal, Antropometría,
149 Adolescentes, Actividad física.

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152 Introdução

In the past decade, children and adolescents' sedentary behavior (SB) have increased, 153 154 which is attributable primarily to technological entertainment activities (FERREIRA, 2016; BANDEIRA, 2018; RIBEIRO, 2020). Studies indicate that the 155 increased time spent watching television, playing video games, and even using 156 157 smartphones excessively, leads to reduced sleep, which contributes to inadequate eating children and adolescents' 158 habits that damage health (BANDEIRA,2018; **TEIXEIRA**,2020). 159

The reduced participation in physical activities (PA) and higher caloric consumption have led to an increase in cardiometabolic diseases that decrease the quality of life in adolescence and adulthood4. Increased body weight and the accumulation of visceral fat also damage health because of increased systemic inflammation (KONING, 2015;CARSON, 2016; TEIXEIRA, 2020), which is associated with type 2 diabetes, high blood pressure and cholesterol and some types of câncer (KONING, 2015;CARSON, 2016; TEIXEIRA, 2020).

Accordingly, PA has been identified as an important component in a healthy lifestyle, 167 168 together with adequate nutrition, both of which improve all aspects of adolescents' lives and development. Regular and adequate PA should be recognized as an element 169 170 essential to normal growth and development during adolescence, as well as reduced risk of future diseases (KONING, 2015;CARSON, 2016; TEIXEIRA, 2020). To realize 171 these health benefits, current international recommendations suggest that adolescent's 172 practice at least 60 minutes or more per day of moderate to vigorous intensity physical 173 activity (MVPA) most days of the week, and include muscle strength and stretching 174 activities at least three days per week (WHO, 2019). 175

However, despite these recommendations, practicing MVPA regularly over 420 minutes 176 per week is not part of most adolescents' daily reality(CARSON, 2016). Instead, the 177 178 time adolescents devote to PA in their routines has declined and the time spent in SB has increased. However, no published studies to date have evaluated the 10-year trend 179 in the time Brazilian adolescents spends in PA and SB. In this sense, two cohorts at two 180 different times such as these are important to analyze technological changes' influence 181 on MVPA and SB routines, as well as potential gender differences. In addition, we 182 performed a temporal analysis in relation to changes behaviors in adolescents and how 183 the waist circumference is associated, since these attitudes lead to the appearance of 184 general and abdominal obesity (KONING, 2015). 185

The fact that comparing adolescents in different years brings indications of behaviors and public policies adopted for this population and which direction the role of physical activity or exercise is taking in this age group. Based on the considerations pointed out, the objective of this study was to analyze changes in moderate–vigorous physical activity (MVPA) and sedentary behavior (SB) and waist circumference (WC) over time (2008 and 2017) in two cohorts in adolescents.

192 Methods

193 Sample and Ethics Committee

194 In both studies the schools are different, but from the same municipality. In the 2008 study, the sample is representative and 2017 was for convenience. In the 2008 195 study, the schools included in the study were intentionally divided by Curitiba regions 196 197 (north, south, east, west, and center). The schools were chosen by draw. In this way, one school from each region was included in the analyses. The students were evaluated 198 according to their sex and age group. Probabilistic analysis was first performed on all 199 students enrolled in each educational institution according to sex, before the sample size 200 201 was evaluated according to the following criteria: (a) Total number of boys and girls; (b) 202 95% confidence interval; and (c) sample error of 5% and a prevalence of 50%, since the 203 prevalence of risk factors in this population is unknown. The study was approved by the 204 Ethics Committee on Research in Human Beings of the Federal University of Parana under registry CEP: 1466.131 / 2007-06 and CAAE: 0137.0.208.0007. The participants 205 in the 2017 study were selected by simple random sampling, from a nominal list with all 206 students since you serve the age group of the survey. Participants are also from one state 207 208 school in the municipality of Curitiba. However, only 806 students that answered all 209 questionnaires were subjected to anthropometric assessments (weight and height) This research was approved by the Research Ethics Committee of University Positivo -210 211 Paraná (Opinion 2,751,691/2018 and CAAE Registry (80779117.3.3001.0102).

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213 *Participants and Design*

The data for this observational and descriptive study was collected transversely as part of an epidemiological survey. The study sample comprised 1,783 students

enrolled in public schools in the city of Curitiba, State of Paraná, in the years 2008 (n = 977) and 2017 (n = 806). Some 58.2% of the sample were girls (n = 1,039) and 41.8% (n = 744) were boys. The mean age was 14 years. Curitiba is in the southern region of Brazil, in the east of the state of Paraná, specifically in its less wavy part. It is the capital of the sixth most populous federative unit in Brazil. Curitiba uses the georeferencing system to enroll its students. That is why there are different socioeconomic levels in each school and region.

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224 Instruments

The students were evaluated in their respective schools by the peer review team consisting of physical education specialists. waist circumference (WC) were evaluated in the morning, whereby the students were instructed to wear light clothing. The WC was measured with flexible and inextensible tape, accurate to 0.1 cm. The WC was considered elevated if above the 75th percentile for age and gender, classified according to the approach adopted by Fernandez (2004).

The level of physical activity was assessed through an energy expenditure 231 232 questionnaire developed by Bouchard et al.(1983). The questionnaire consists of 96 periods, with activity log every 15-minutes, with daily activities classified into a 233 continuum of nine intensity categories (with category 1 corresponding to the lowest 234 intensity level), whereby the average caloric expenditure is calculated for each recorded 235 activity. According to the estimated caloric expenditure, students were classified into 236 four groups: active (> 420 minutes of activity per week), sufficiently active (between 237 300 and 419 minutes of activity per week), insufficiently active (150-299 minutes of 238 activity per week), and inactive (less than 149 minutes of physical activity per week). 239 The durations of periods pertaining to lying down, sitting, mild physical activity (mild 240 PA), and moderate-vigorous physical activity (MVPA) were also recorded in minutes 241 per day. For analysis purposes, seated time was considered SB. 242

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Statistical Analyses 244

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The sample power of the study was calculated *a posteriori* using software program G * power3 with the number of individuals in the full sample (1,783) and MVPA as the dependent variable, OR: 2.078; prevalence of insufficient MVPA of 60%, α of 0.05 and proportion of students (54%) that were evaluated in 2008, which

identified a power $(1 - \beta)$ of 1.00 for the binomial logistic regression.

The studied variables were expressed in means and standard deviations, as well 251 252 as absolute and relative frequencies. Shapiro/ Kolmogorov tests were used to assess used to assess normality of the data distribution. To estimate the differences between 253 254 means, the Student t-test was applied for the parametric data while the Mann-Whitney 255 U-test was adopted for non-parametric data. The categorical variables were assessed via Pearson / Yates chi-squared test. Odds ratio (OR) analysis with a 95% confidence 256 interval (CI) was conducted to identify the chance of having high time in SB and WC, 257 258 and insufficient PAL between 2008 and 2017, adjusted for sex and age group. For all 259 tests a significance level of 5% was used and the sample yielded 95% test power. The 260 Statistic 10.0 (StatsoftR) software tool was used for all analyses.

261 **Results**

The general characteristics of the study are shown in table 1. In the period 2008-263 2017, the mean age was similar for boys and girls. In 2008, both girls and boys were 264 heavier and taller compared to schoolchildren in the 2017 study (p <0.001).

The girls in the 2017 study had higher abdominal circumference (25.4%) than the first (10%, p <0.001). Average time of MVPA and time lying down were higher for both sexes in the 2008 study, while the average levels of LPA, sitting time and sedentary time were higher in the 2017 study. Boys and girls in the 2008 study were more active than those in the 2017 study (p <0.001), with exception in the group of girls who practice physical activity above 420 minutes / week. (Table 1)

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| Age(years) $14,1\pm1,5$ $14,0\pm1,2$ $0,62$ $14,0\pm1,5$ $13,9\pm2,0$ WC (cm) $64,3\pm10,5^a$ $66,6\pm8,4$ $<0,001^*$ $76,6\pm9,4$ $70,3\pm9,4$ $<$ PAL_mv (min/day) $25(0-640)$ $0(0-345)$ $<0,001^{**}$ $85(0-545)$ $0(0-510)$ $<$ PAL_light(min/day) $220(0-745)$ $255(15-600)$ $<0,001^{**}$ $160(0-855)$ $240(30-585)$ $<$ Sitting time(min/day) $510(0-1040)$ $615(195-1110)$ $<0,001^{**}$ $495(0-895)$ $615(90-1020)$ $<$ Time lying down(min/day) $580(0-1040)$ $525(90-900)$ $<0,001^{**}$ $590(0-1040)$ $525(105-1125)$ $<$ PAL<149 min/week 27.8 ± 51.0 3.4 ± 18.7 $<0.0001^{**}$ 220 ± 45.7 3.7 ± 19.4 PAL<299 -150 min/week 238.4 ± 43.1 210 0.03^* 240 ± 38.4 210 PAL <419 -300 min/week 342.2 ± 26.3 315 0.0001^* 351.2 ± 27.3 315 | Variables | 2008 girls (n=559) | 2017girls | р | 2008 boys | 2017 boys (n=326) | р |
|--|--------------------|-----------------------|----------------------|-----------|-----------------------|----------------------|----------|
| WC (cm) $64,3\pm10,5^{a}$ $66,6\pm8,4$ $<0,001^{*}$ $76,6\pm9,4$ $70,3\pm9,4$ $<$ PAL_mv (min/day) $25(0-640)$ $0(0-345)$ $<0,001^{**}$ $85(0-545)$ $0(0-510)$ $<$ PAL_light(min/day) $220(0-745)$ $255(15-600)$ $<0,001^{**}$ $160(0-855)$ $240(30-585)$ $<$ Sitting time(min/day) $510(0-1040)$ $615(195-1110)$ $<0,001^{**}$ $495(0-895)$ $615(90-1020)$ $<$ Time lying down(min/day) $580(0-1040)$ $525(90-900)$ $<0,001^{**}$ $590(0-1040)$ $525(105-1125)$ $<$ PAL< 149 min/week 27.8 ± 51.0 3.4 ± 18.7 $<0.0001^{**}$ 220 ± 45.7 3.7 ± 19.4 PAL<299 -150 min/week 238.4 ± 43.1 210 0.03^{*} 240 ± 38.4 210 PAL <419 -300 min/week 342.2 ± 26.3 315 0.0001^{*} 351.2 ± 27.3 315 | | () | (n=480) | | (n=418) | (| |
| $\begin{array}{llllllllllllllllllllllllllllllllllll$ | Age(years) | 14,1 <u>+</u> 1,5 | 14,0 <u>+</u> 1,2 | 0,62 | 14,0 <u>+</u> 1,5 | 13,9 <u>+</u> 2,0 | 0,30 |
| PAL_light(min/day) $220(0-745)$ $255(15-600)$ $<0,001^{**}$ $160(0-855)$ $240(30-585)$ $<$ Sitting time(min/day) $510(0-1040)$ $615(195-1110)$ $<0,001^{**}$ $495(0-895)$ $615(90-1020)$ $<$ Time lying down(min/day) $580(0-1040)$ $525(90-900)$ $<0,001^{**}$ $590(0-1040)$ $525(105-1125)$ $<$ PAL< 149 min/week | WC (cm) | 64,3 <u>+</u> 10,5ª | 66,6 <u>+</u> 8,4 | <0,001* | 76,6 <u>+</u> 9,4 | 70,3 <u>+</u> 9,4 | <0,001* |
| Sitting time(min/day) $510(0-1040)$ $615(195-1110)$ $<0,001^{**}$ $495(0-895)$ $615(90-1020)$ $<$ Time lying down(min/day) $580(0-1040)$ $525(90-900)$ $<0,001^{**}$ $590(0-1040)$ $525(105-1125)$ $<$ PAL< 149 min/week | PAL_mv (min/day) | 25(0-640) | 0(0-345) | <0,001** | 85(0-545) | 0(0-510) | <0,001** |
| time(min/day)580(0-1040)525(90-900) $<0,001^{**}$ 590(0-1040)525(105-1125) $<$ PAL< 149 min/week | PAL_light(min/day) | 220(0-745) | 255(15-600) | <0,001** | 160(0-855) | 240(30-585) | <0,001** |
| down(min/day) $1 + 18.7 + 22.0 \pm 45.7 + 3.7 \pm 19.4$ PAL< 149 min/week | 0 | 510(0-1040) | 615(195-1110) | <0,001** | 495(0-895) | 615(90-1020) | <0,001** |
| PAL<299 - 150 238.4±43.1 210 0.03* 240±38.4 210 min/week PAL <419 - 300 | , , | 580(0-1040) | 525(90-900) | <0,001** | 590(0-1040) | 525(105-1125) | <0,001** |
| min/week PAL <419 -300 342.2 <u>+</u> 26.3 315 0.0001* 351.2 <u>+</u> 27.3 315 min/week | PAL< 149 min/week | 27.8 <u>+</u> 51.0 | 3.4 <u>+</u> 18.7 | <0.0001** | 22.0 <u>+</u> 45.7 | 3.7 <u>+</u> 19.4 | 0.01* |
| min/week | | 238.4 <u>+</u> 43.1 | 210 | 0.03* | 240 <u>+</u> 38.4 | 210 | 0.003* |
| > 420 min/week 948.1 <u>+</u> 658.4 881.1 <u>+</u> 409.0 0.80 1055.1 <u>+</u> 528.8 914.7 <u>+</u> 503.8 | | 342.2 <u>+</u> 26.3 | 315 | 0.0001* | 351.2 <u>+</u> 27.3 | 315 | 0.008* |
| | > 420 min/week | 948.1 <u>+</u> 658.4 | 881.1 <u>+</u> 409.0 | 0.80 | 1055.1 <u>+</u> 528.8 | 914.7 <u>+</u> 503.8 | 0.004* |

 Table 1 - Characteristics of adolescents analyzed. Curitiba, Paraná, PR, Brazil.

NOTE: Values expressed as means ± SD; WC waist circumference; * t test (parametric variables); for non-parametric variables; ** Mann-Whitney test;

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Table 2 shows the relative frequencies of weight gain, increased circumference,

and different cuts in physical activity levels between 2008 and 2017.

Table 2. Relative frequencies of abdominal circumference and different cuts in physical activity levels

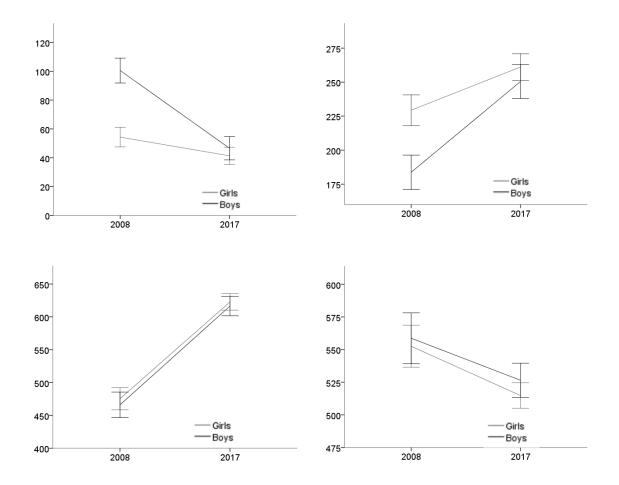
 between 2008 and 2017. Curitiba, Paraná, PR, Brazil.

| Variables | 2008 girls (%) (n=559) | 2017girls (%) | р | 2008 boys (%) | 2017 boys (%) (n=326) | р |
|--------------------------|---------------------------|---------------|---------|------------------|--------------------------|----------|
| | | (n=480) | | (n=418) | | |
| Abdominal obesity | 10.0 | 25.4 | <0,001* | 15.1 | 36.2 | <0.001* |
| > 420 minutes/week | 34 | 30.8 | <0,001* | 62.2 | 34.1 | <0.0001* |
| <419-300 minutes/week | 54.5 | 54.8 | 0.58 | 29.2 | 48.1 | 0.35 |
| 150-299 minutes/week | 11.5 | 2.3 | 0.69 | 8.6 | 3.1 | 0.92 |
| <149 minutes/week | 12.1 | | N/A | | 14.7 | N/A |

- Figure 1 presents a comparison between boys and girls in both periods in terms of the daily time (in minutes) spent in MVPA, light PA, sitting and lying down activities.
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Figure 1. Chart of the changes in the practice of light, moderate-vigorous physical activities, sitting and lying down time in girls and boys between 2008 and 2017. A - Average practice of MVPA (min / day); B - Mean time in PA-mild (min / day); C - Average sitting time in (min / day); D - Mean of lying down time (min / day).



Source: The autor (2019);

Table 3 shows the risk for changes in lifestyle and waist circumference adjusted for sex and age. Over the 10-year period analyzed in this study, there was a significant increase in the risk of elevated WC, insufficient PA levels and SB (p <0.001).

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Table 3- Risk of chance for changes in lifestyle and abdominal circumference. Curitiba, PR, Brazil.

| | Odds Ratio OR | Confidence Interval (CI) | р |
|---------------|---------------|--------------------------|--------|
| High WC | 2.879 | (2.215 - 3.740) | <0.001 |
| SB>300min/day | 16.482 | (7.947 - 34.181) | <0.001 |
| PAL<420/week | 2.078 | (1.682 - 2.567) | <0.001 |
| | | | |

Note: WC(waist circumference); SB (sedentary behavior); PAL (physical activity level); * adjusted by sex and age ** reference 2008;

Source: The Author (2019)

294 **Discussion**

The present study compared the practice of physical activities, sedentary 295 behavior, and abdominal obesity of two cohorts of adolescents over a period of 10 years 296 (2008 and 2017) and revealed that adolescents evaluated in 2017 presented worse 297 outcomes than those evaluated in 2008, corroborating with other studies (SCHAAN, 298 2019; YANG, 2019; WHO,2020). Boys also presented lower frequency and time in 299 MVPA than in fun activities. This reduction in PA and increase in SB in adolescents in 300 301 recent years is worrisome. However, this is the first study that verified the time spent by 302 Brazilian adolescents in physical activity and sedentary behavior in the period after 10 303 years.

Studies such as Yang et al.(2019) pointed out that the practice of physical activity reduces the excess risk associated with sitting time. According to the World Health Organization (WHO), children and adolescents should be encouraged to perform at least 60 minutes of MVPA daily and that PA performed in amounts over 60 minutes

308 per day provides additional health benefits.

309 In 2018, the Global Action Plan on Physical Activity (2018–2030) first adopted 310 the reduction of sedentary behavior as one strategy for the prevention and control of 311 chronic global disease (MCMILLAN, 2015). From this perspective, a systematic review study showed that most Brazilian adolescents spent more than two hours per day on 312 screen time (RIBEIRO, 2020). Similarly, 36% of Americans, 59.2% of Spanish 313 adolescents, and 80.6% of Canadians exhibit the same behavior (WHO, 2020). These 314 alarming results generate the need for special attention to SB. In the present study, the 315 316 risk of adolescents staying more than two hours per day in a sitting position increased approximately 16.5-fold over the last decade. In addition, students spent more time 317 sitting in 2017, with a significant difference, showing that there was an increase in 318 319 sedentary behavior, especially in activities related to electronic games, cell phone use, 320 always in a sitting position.

321 Another similar study among American adolescents found that in 2001–2016, 322 the estimated prevalence of watching television or video games for at least two hours in the general period remained low and stable and the estimated prevalence of computer 323 324 use during leisure time increased across all age groups (WHO, 2020). In Brazil, 325 television time has declined over the last ten years, so there has been a change in behavior among young people, particularly among boys, where cell phone and 326 smartphone technology has gained adherence from the public, which we define as 327 recreational time. Accompanying this increase, there was an increase in studies 328 329 reporting strategies to reduce screen-time exposure (STIERLIN, 2015; GUERRA, 2016; WAFA, 2016). 330

Wafa et al. (2016) showed strong evidence that interventions aimed at reducing recreational time and increasing physical activity or adopting a healthier diet were effective for improving or maintaining weight. In contrast, Andermo et al.(2015) observed a small effect among interventions where the goal was to reduce sedentary behavior and therefore concluded that future studies should involve both children and families in strategies to reduce sedentary behavior.

In Brazil, the results of the National School Health Survey (PeNSE, 2015), which involved Brazilian adolescents in the ninth grade of elementary education throughout all regions of the country and used the cut-off point of >300 min/week to define MVPA, found that 44.0% of boys reported engaging in weekly physical activity (PA) for \geq 300 minutes, while slightly more than 25.0% of girls were in this group.

These results were similar to those found in our 2017 study (35.9% for boys). However, 342 343 among girls, our results were higher than those found in PeNSE (54.8%) and higher 344 than the average found in the state of Paraná (38.5%) (CUREAU, 2019). Another 345 nationwide school-based study involving Brazilian adolescents aged 12–17 years in municipalities with >100,000 inhabitants, known as the Cardiovascular Risk Study in 346 Adolescents (ERICA, 2016), showed that more than half of Brazilian adolescents living 347 in medium- and large-size cities does not reach the recommendation of at least 300 348 min/week of physical activity in leisure for health promotion. This percentage is even 349 350 higher among girls, surpassing 70.0%. In Curitiba, 67.7% of the girls and 40.7% of the 351 boys engaged in PA for >300 minutes/week, these frequencies were much higher than 352 those found in our study, which is possibly because ERICA analyzed PA with a lower cut-off than ours (CURITIBA, 2018). 353

354 This study found that, in both years, the risk of elevated WC, insufficient PA 355 levels and SB increased significantly among school children in the southern region of 356 Brazil. These results support the concern that overweight and obesity levels are escalating. However, recent studies have begun to associate excess weight with 357 358 behavioral factors such as sitting time associated with the use of cell phones, tablets and 359 other electronics (STIERLIN, 2015; GUERRA, 2016; WAFA, 2016). Long periods of sitting may increase the accumulation of body fat in the abdominal region, a factor that 360 361 leads to larger abdominal circumference sizes and other cardiometabolic risks, beginning in early childhood and extending into adult life. Previous studies have shown 362 an association between increased visceral fat, abdominal obesity and increased 363 hypertension, the onset of type 2 diabetes, and some types of cancer and cardiovascular 364 365 diseases (YOUNG, 216; RAJJO, 2017; GOLESTANZADEH, 2019; RING-DIMITRIOU, 366 2019; LIMA, 2020; PADILLA-MOLEDO, 2020; TOZO, 2020).

Interventions that stimulate the transition from complete physical inactivity to some activity, regardless of the amount or intensity of physical activity initially practiced, may have an immediate impact on the health of these adolescents. This strategy may be used complementary to programs aimed at maintaining or gradually increasing the practice of physical activity. Outdoor active leisure activities are suitable ways of promoting PA in adolescence (RAJJO, 2017;GOLESTANZADEH, 2019;RING-DIMITRIOU, 2019; LIMA, 2020).

374 Moderate intensity physical activities, such as walking, pedaling or playing 375 sports, bring significant health benefits, especially in regard to energy balance and

weight control (RING-DIMITRIOU, 2019; YOUNG, 2016). For adults, the 376 377 recommendation of the American Heart Association is "Sit "Less, move more", because 378 there is insufficient evidence regarding the exact amount of sedentary behavior 379 negatively correlated with the maximization of the benefits to cardiovascular health (EKLUND, 2016). Ekelund et al. showed that one hour of MVPA daily can eliminate 380 381 the harmful effects of eight hours of sitting time in men and women. Nevertheless, sedentary screen time is likely to be more harmful to children and adolescents than to 382 adults. 383

384 In the face of what is observed in adults, the question that many researchers 385 have been asking themselves is: does the amount of physical activity practiced by more 386 physically active children compensate for the possible effects of sedentary behavior on health? It is noteworthy that this was the first study that compared the behavior of 387 388 Brazilian adolescents with different levels of PA over a 10-year period. However, there 389 is a need for further research to clarify what exactly children do during the time spent 390 sitting. It is presumed that they were on their cell phones or using their computers for 391 recreation. In addition, due to the increased portability of electronic devices, the time 392 spent in the lying position should also be considered and future studies should seek to 393 identify the time spent on sleep and the time spent on electronic media. In this sense, it 394 is known that the lying position has been used to watch television and, more recently, to 395 use smartphones with various entertainment tools such as games and social media apps as these factors may affect sleep pattern and routine (WAFA, 2016; AANDERMO, 396 397 2020;WHO, 2020). The greater amount of time spent awake and the smaller amount of restful sleep can lead to daytime drowsiness, attention deficits and hinder the execution 398 399 of daily activities, compromising their health as well as their performance at work and 400 school(WAFA, 2016). Future studies should fill these gaps in order to allow a better 401 understanding of the changes in the use of free time by young people.

This research has some limitations that should be taken into consideration. One 402 403 of them is its cross-sectional, which not allow to make inferences of causality. Another 404 limitation was the use of an activity recall questionnaire, which should be interpreted 405 with caution. In addition, the participants were not assessed for sexual maturation, nutritional status, eating in front of the television, amount of time sitting spent with 406 407 electronic devices and with other activities. On the other hand, the instruments most 408 commonly used in epidemiological research and in clinical practice are questionnaires 409 and group or individual interviews, which seek to identify the discrepancies between the

actual and the desired body size, as well as associated feelings, emotions, behaviors and
attitudes. In addition to being simple, practical, and cheap, they can be used in
population studies and in clinical practice for a variety of purposes.

413

414 **Conclusion**

It is concluded that, the risk of prevalence of abdominal obesity increased in the 415 last decade in both sexes, which appears to be associated with systemic inflammation. 416 These results raise the concern about the appearance of cardiometabolic risk factors in 417 schoolchildren. Moreover, the lower practice of MVPA in boys may be associated with 418 changes that more directly affected males, with more active daily activities being 419 replaced by video game use. It is therefore important to reduce the sedentary leisure 420 habits among adolescents of both sexes, in addition to encouraging the practice of 421 422 MVPA, a habit that is associated with health promotion in all age groups.

423 Declaração de conflito de interesses

424 Não nenhum conflito de interesses no presente estudo.

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429 **References**

430Andermo S, Hallgren M, Nguyen TTD, Jonsson S, Petersen S, Friberg M, et al. School-431related physical activity interventions and mental health among children: a systematic 432review and metaanalysis. Sports Med. Open. 2020;6:25.

433

434Bandeira AS, Silva KS, Sá SAM, Guerra PH, Mota J, Barbosa Filho VC. Effect of a 435multicomponent intervention on variables related to screen time in adolescents: a cluster-436randomized controlled trial. Rev Bras Ativ Fis Saude. 2018;23:1-8. 437

438Bouchard C, Tremblay A, Leblanc C, Lortie G, Savard R, Thériault. A method to assess 439energy expenditure in children and adults. Am J Clin Nutr. 1983;37(3):461-467.

440

441Brazil - Ministério do Planejamento, Desenvolvimento e Gestão. Instituto Brasileiro de
442Geografia e Estatística – IBGE. Pesquisa Nacional de Saúde do Escolar. Rio de Janeiro:
443IBGE; 2015.

444

445Carson V, Tremblay MS, Chaput JP, Chastin, SFM. Associations between sleep duration, 446sedentary time, physical activity, and health indicators among Canadian children and youth 447using compositional analyses. Appl Physiol Nutr Metab. 2016;41(6):S294S302.

448

449Cureau FV, Silva TLN, Bloch KV, Fujimori E, Belfort DR, Carvalho KMB et al. ERICA:
450inatividade física no lazer em adolescentes brasileiros. Rev Saúde Públ. 2016;50(supl 1):4s.
451

452CURITIBA. Caderno Pedagógico Educação Integral. Prefeitura Municipal de Curitiba: 453Secretaria Municipal da Educação. Caderno Pedagógico: Relatório do Sistema de 454Vigilância Alimentar e Nutricional do Escolar (SISVAN) – 2017. Prefeitura Municipal de 455Curitiba: Secretaria Municipal da Educação. 2016a. Disponível em: 456<http://www.curitiba.pr.gov.br> [2018 dezembro]

457

458Ekelund J, Steene-Johannessen WJ, Brown MW, Fagerland N, Owen KE, Powell, et al. 459Does physical activity attenuate, or even eliminate, the detrimental association of sitting 460time with mortality? A harmonized meta-analysis of data from more than 1 million men and 461women. Lancet. 2016; 388: 1302-1310.

462

463Fernández JR, Redden DT, Pietrobelli A, Allison DB. Waist circumference percentiles in 464nationally representative samples of African-American, European-American, and Mexican-465American children and adolescents. J Pediatr. 2004;145(4):439-44.

466

467Ferreira RW, Rombaldi AJ, Ricardo LIC, Hallal PC, Azevedo MR. Prevalence of sedentary 468behavior and its correlates among primary and secondary school students. Rev Paul Pediatr. 4692016;34(1):56-63.

470

471Golestanzadeh M, Riahi R, Kelishadi R. Association of exposure to phthalates with 472cardiometabolic risk factors in children and adolescents: a systematic review and meta-473analysis. Environ Sci Pollut Res. 2019; 26 : 35670–35686.

474

475Guerra PH, Farias Júnior JC, Florindo AA. Sedentary behavior in Brazilian children and 476adolescents: a systematic review. Rev Saúde Publ. 2016;50:9.

477

478Koning L, Denhoff E, Kellongg Md, Ferranti DD. Associations of total and abdominal 479adiposity with risk marker patterns in children at high-risk for cardiovascular disease. BMC 480Obes. 2015;2(1):15-21.

481

482Lima TR, Moraes MS, Andrade JHC, Farias JM, Silva DAS. Fatores associados à presença 483isolada e simultânea de excesso de peso e obesidade abdominal em adolescentes. Rev Paul 484Pediatr. 2020;38:e2018332.

485

486McMillan R, McIsaac M, Janssen I. Family structure as a predictor of screen time among 487youth. Peer J. 2015; 3:e104.

488

489Padilla-Moledo C, Fernández-Santos JD, Izquierdo-Gómez R, Esteban-Cornejo I, Rio-490Cozar, P, Carbonell-Baeza, et al. Physical Fitness and Self-Rated Health in Children and 491Adolescents: Cross-Sectional and Longitudinal Study. Int J Environ Res Public Health. 4922020;17:2413.

493

494Rajjo T, Almasri J, Nofal AA, Farah W, Alsawas M, Ahmed AT, et al. The Association of 495Weight Loss and Cardiometabolic Outcomes in Obese Children: Systematic Review and 496Meta-regression, J Clin Endocrinol & Metabolism. 2017;102(3): 758–762.

497

498Ribeiro EHC, Guerra PH, Oliveira AC, Silva KS, Santos P, Santos R, et al. Latin American 499interventions in children and adolescents' sedentary behavior: a systematic review. Rev 500Saúde Públ. 2020; 54(59): 1-13.

501

502Ring-Dimitriou S, Krustrup P, Coelho-e-Silva MJ., Mota J, Seabra, A, Rego, C et al. Could 503sport be part of pediatric obesity prevention and treatment? Expert conclusions from the 50428th European Childhood Obesity Group Congress. J Sport Health Sci. 2019; 8: 350-352.

506Schaan CW, Cureau FV, Sbaraini M, Sparrenberger K, Kohl HW, Schaan BD. Prevalence of 507excessive screen time and TV viewing among Brazilian adolescents: a systematic review 508and meta-analysis. J Pediatr. 2019;95:155–65.

509

510Stierlin AS, Lepeleere S, Cardon G, Dargent-Molina P, Hoffmann B, Murphy MH, et al. A 511systematic review of determinants of sedentary behavior in youth: a DEDIPAC-study. Int J 512Behav Nutr Phys Act. 2015;12:133.

513

514Teixeira F, Mascarenhas LPG, Suzuki CS, Smouter L, Novello D. Prevalência de fatores 515antropométricos e bioquímicos sobre o estado nutricional de adolescentes. RBONE 516[Internet]. 19° de janeiro de 2019 [citado 24° de agosto de 2020];12(76):1067-7.

517

518Tozo TA, Pereira BO, Menezes Junior FJ, Montenegro CM, Moreira CMM, Leite N. 519Hypertensive Measures In Schoolchildren: Risk Of Central Obesity And Protective Effect 520Of Moderate-To-Vigorous Physical Activity. Arq Bras Cardiol. 2020;115(1):42-49.

521

522Wafa SW, Aziz NN, Shahril MR, Halib H, Rahim M., Janssen, X. Measuring the Daily 523Activity of Lying Down, Sitting, Standing and Stepping of Obese Children Using the 524ActivPAL TM Activity Monitor. J Trop Pediatr. 2016;63(2):98-103. fmw052.

525

526World Health Organization [homepage on the Internet]. Global action plan on physical 527activity 2018-2030: more active people for a healthier world [cited 2020 Jul 8]. Avaliable 528from: https://www.who.int/ncds/prevention/physical-activity/global-action-plan2018-5292030/en/

530

531World Health Organization [homepage on the Internet]. Global Recommendations on 532Physical Activity for Health. Geneva: WHO, 2019 [cited 2020 Jul 8]. Available from: 533https://www.who.int/dietphysicalactivity/publications/9789241599979/en/

534

535Yang L, Cao C, Kantor ED, Long, HN, Xiaobin Z, Yikiung P, et al. Trends in Sedentary 536Behavior Among the US Population, 2001-2016. JAMA. 2019;321(16):1587–1597.

537

538Young DR, Hivert MF, Alhassan S, Camhi SM, Ferguson JF, Katzmarzyk PT, et al.

⁵⁰⁵

539Sedentary behavior and cardiovascular morbidity and mortality: a science advisory from the540American Heart Association. Circulation. 2016;134:262-279.541