40 - LEVELS OF PHYSICAL FITNESS HEALTH RELATED TO QUILOMBOLA COMMUNITY WOMEN: A STUDY CASE

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INTRODUCTION

The history of Quilombolas in Amapá starts in the XVII century with territorial and economical dispute for lands in the delta of Amazon river by the Portuguese, Dutch, Spanish and French. Africans were brought as slaves to work in the main fortification built by the Portuguese crown in the area: Curiaú Fort, now called São José of Macapá Fort. This monumental work took 18 years to be built, many slaves died and some unsatisfied ones started to run away and take refuge in the bush constituting their homes in an area so called Curiaú Quilombo. According to the Afro-descendants Community Council of Amapá, nowadays there are 32 `quilombolas` communities in the State. Curiaú community has been trying to preserve and to value this culture in the state since its creation, through cultural manifestations, linking religion with traditional parties which exalt the image of saints. However, it is noticed that technological progress interferes resulting in a change of habits and traditions. For Silva (2004), the problem is dealing with radical changes brought with technology for this conservative people that hardly manages to convince the youth to carry on with preservation.

Curiaú quilombo is an official environmental protecting area (APA). It is part of Amapa state patrimony and it occupies an area of 23.000 hectars, with an approximately 1,500 people divided in communities: Curiaú de Fora, Curiaú de Dentro, Casa Grande and Curralinho. However data on population, number of homes is not precise, as well as habits of this population which doesn't have even tap water nor basic services, although it has a small health centre, which works in a precarious way, once these people are historically considered a cultural minority that express distrust in sharing information (FOSTER). Concerning the nature of this study we have considered physical fitness related to health (PFRH) which is the capacity to accomplish daily activities with energy associated with the reduction of the risks of hypo kinetic diseases (NAHAS, 2003; SURINAM CHERRY 2004). Several authors (NAHAS, 2003; PITANGA, 2004). Several authors (PATE, 1983; LOONEY e PLOWMANN, 1990; NAHAS e CORBIN, 1992; TOURINHO FILHO e TOURINHO, 1998; BERGMANN, ARAÚJO, GARLIPP, et al., 2005; GLANER, 2005; HALLAL, WELLS, REICHERT, et al., 2006) investigated PFRH, through studies of populations and different cultures in different ages, economical classes, ethnic groups, sex, showing their importance in the Man's functional health and the component variables of PFRH: cardio respiratory capacity, Strength, Flexibility and Body Composition; are directly related to health and they can suffer influence of daily physical activities. (NAHAS 2003). Evidences showed the prevalence of diseases in individuals with low physical fitness levels and the emergence of hypo kinetic diseases such as obesity, high blood pressure, diabetes, cancer - being attributed causal relationship between the two variables. (NIEMAN, 1999; GLANER, 2003). The objective of this study is to investigate the PFRH of Curiaú community women, so that the collected information can give theoretical subsidies for the creation of public policies in health, education, culture and sports in order to prevent possible health problems and improve the community's life quality.

MATERIAL AND METHODS

This descriptive study can be classified as the case study type (THOMAS, NELSON and SILVERMAN 2007). It was accomplished with a non-intentional probabilistic sample of volunteers composed of 14 resident afro-descending women in the community with ages between 21 and 47 years old, divided into two groups: G1 (N =6), below 30 years old, with meanage group age of 26,83 (± 386); G2 (N =8) above 30 years old, with meanage group age of 36,25 (± 462) years old. There were home visits and lectures about the objectives and relevance of the research. Women who: a) had medical contraindication for the accomplishment of physical exercises; b) didn't obtain parents' or responsible authorization to accomplish the evaluations; c) refused to participate; d) didn't attend in the day of the evaluations were considered excluded from the study.

The data were collected in the sport court located at José Bonifácio School; PFRH components have been assessed according to specific protocols guided by Fernandes Filho (2003). Body composition has been assessed according to the body mass index (BMI) and waist hip relation (WHR). A portable scale was used accurately of 100g for measuring of corporal mass. For the measure of height, a measuring tape was used accurately of 1 cm, fastened in the wall of the gym of the school, with orientation of a plumb line thread and a square. WHR was calculated based in the perimeter of waist (cm) and hip (cm). For the measures, a measuring tape was used with a non-elastic and flexible spring accurately 0.1cm. Flexibility was measured through the Wells bench seat-and-reach test. Strength was measured by the test of arm flexing in one minute. Aerobic Capacity was assessed by the one-mile walking test, proposed by Rockport, mentioned by Fernandes Filho (2003). The program Excel version 2007 was used for data tabulation.

RESULTS

Literature shows the importance of PFRH for health condition determination (GLANER, 2005; DUMITH, et. al. 2008) so much that some national authors suggest the inclusion of contents associated in physical education at schools (GUEDES,1999; NAHAS 1997). Reference criteria, which are used as parameters to assess the PARH components, are presented in tables 1, 2 and 3.

TABLE 1. Reference criteria for women's body composition according to the age.

BMI	WHR	Classification
18,5 – 24,9	< 85	Age Recomended

Source: Table adapted Nahas's study (2003)

TABLE 2. Reference Criteria for Women in Strength/resistance and flexibility according to age

Age	Strength/Resistance	Flexibility (cm)
20-29	15- 29	33-40
30 -39	13 -26	32-40
40 – 49	11-23	30-37

Source: Table adapted Nieman's study (1999)

TABLE 3. Reference Criteria for women cardio respiratory aptitude (VO2 máx.) according to age.

Age	20-29	30-39	40-49
Age recommended	35-41*	33-39*	31-36*

Source: Cooper Institute for Aerobic research (1997) mentioned by Nahas (2003).*ml/kg/min.

According to the analysis of table 1 we verified superiority in the meanages of the results of G2 in relation to G1 in the variables strength /resistance, flexibility and cardio respiratory resistance. In the variable MCI and WHR, G2 presents higher meanage value than G1, what represents a degree of higher overweight and, therefore larger risk to associated problems, however regarding statistic analysis, only the age demonstrated significant difference ($p < 005$) in the variables studied. Comparing the variable meanage scores with the criteria reference (CR), BMI was found above recommended values in both groups, however the meanage of WHR of the groups is below CF. Concerning neuromuscular components the meanages of G1 are just below CF. Cardio respiratory Aptitude meanage demonstrated to be below CR in both groups.

TABLE 1 - Meanage values (x) and deviation-pattern (±) of the components of the physical fitness related to health (PFRH) in afro-descending women of Curiaú town

variable	Age		BMI		WHR		STRENGTH/RES		FLEXIBILITY		CARDIO RESP.	
GROUP	Mean	DP	Mean	DP	Mean	DP	Mean	DP	Mean	DP	Mean	DP
G1	26,83	3,86	26,01	3,52	0,77	0,78	12,5	4,50	29,58	7,77	20,50	9,33
G2	36,25	4,62	26,39	4,23	0,78	0,77	13,62	3,29	35,5	6,50	20,64	10,03

In table 2, it is described the groups distribution of individuals belonging to G1 and G2 and the criteria suggested by Nahas, (2003) for BMI and WHR. In table 3 we present the distribution of individuals of G1 and G2 by the health reference criteria for strength / resistance, flexibility and table 4 presents the distribution of individuals of G1 and G2 by the health criteria for cardio respiratory resistance

Table 2. Percentage of individuals of groups G1 and G2 classified below, adequate or above the healthy areas of body composition.

Body Composition	G1 (06)				G2 (08)		
	Below	Adequate	Above		Below	Adequate	Above
BMI	(0%)	(33,3%)	(66,6%)		(0%)	(50%)	(50%)
RCQ	(0%)	(50%)	(50%)		(0%)	(75%)	(25%)

According to table 2, in both groups most people are above the recommended criteria, in G1 (66,6%) for BMI and (50%) for WHR, G2 presents better scores 50% of BMI and (25%) for WHR, those data are quite high if compared with studies of Amer et. al. (2001), which evaluated walk apprentices' profile in relation to the body mass index (IMC) and waist / hip relation (WHR) of men and women with age between 20 and 70 years, he found only 27% of the assessed women with excess of corporal weight, with superior BMI to 25 kg / m², concerning WHR, the research considered other reference criterion with classification of moderate risk, high risk with a total of 80% of the recommended numbers, which is superior to the values found in our study of 75% of the total of the sample.G1+G2) out of reference criteria. In another study on body composition, Silva, et al (2007) assessed soccer referees and 44% of the sample were out of recommeded criteria for BMI (meanage 26,5 ± 1,40 kg/m2). This shows lower rates than the ones found in our study. It is worth to highlight that the sample was composed by people work professionally as CBF soccer referees (Brazilian Soccer Federation). Many studies indicate overweight as a serious health and social problem. Obesity is associated to higher risk of diabetes mellitus, hypertrigliceridemia, lower amounts of high density cholesterol and higher amounts of low density cholesterol, contributing to deceases as high blood pressure, hypercholesterolemia e diabetes. Thus it is possible to say that overweight shows multiple biologic risks. (SIMÃO, 2005; ROBERGS & ROBERTS, 2002; WILMORE & COSTILL, 2001)

In the studies of (OLIVEIRA et al.1998; CEDDIA 1998) there is a tendency of obesity increase with the age. In our study, it was noticed that the older group G2 presents quantitative of smaller BMI in comparison with the youngest group G1. It is important to observe that the causes of overweight increase in the modern society are associated with an inadequate lifestyle, as well great calorie consumption (AMER et. al. 2001). Therefore we can suggest that other factors as lack of physical activity and/or inadequate nutrition habits may be the cause of the results Let us stand out, however, that the overweight, the waist / hip relation and the visceral fat increase with the age and they are independent factors of weight excess (MONTEIRO 1998) and they are associated to health problems.

Table 3. Percentage individuals of the groups G1 and G2 classified below, adequate or above the healthy areas of strength and flexibility and cardio respiratory resistance

Tests	G1 (06)				G2 (08)		
	Below	Adequate	Above		Below	Adequate	Above
Strength/resistence	(66.6%)	(33.3%)	(0%)		(37,5%)	(62,5%)	(0%)
Flexibility	(66.6%)	(16,6%)	(16,6%)		(12,5%)	(62,5%)	(25%)
Cardio respiratory capacity	(84,4%)	(16,6%)	(0%)		(100%)	(0%)	(0%)

A TABELA 3 shows (Strength/Resistance, Flexibility and Cardio Respiratory Resistance) the data comparison according to the reference criteria (RC). Concerning the strength / resistance component, it is noticed that most of G2, 62,5%, is in the recommended rate overcoming in 29,2% G1 group according to RC. Good muscular conditions provides better capacity to do

everyday activities as locomotion, more efficient and less fatiguing object transport, Nahas (2003) established health implications such as more frequent articulation problems, posture problems, more frequent muscular lesions, backache, more risk of falling down in elderly with weak muscles. In the flexibility component, Nahas (2003) demonstrated health implications such as posture problems, limited participation in sport/leisure activities, higher muscle and articulation lesion risks and backache.

Regarding the data, we found larger difference between the groups. 87, 5% of G2 presented satisfactory indexes, while only 33, 2% of G1 presented acceptable indexes, indicating more than 50% of the older individuals in the sample (over 30) with superior rates than the younger ones (until 30 years old). The date differ from the ones found by Dias et al. (2008), when researching possible differences in physical fitness health related in different age groups, showed superiority by the younger group (20-29 years old) in comparison to the older one (40-49 years old), that study tended to reduce the levels of AFRS as people got older. However it is important to observe that sample was composed by people who did not practice physical activity regularly, while in our study, we did not have this limitation. The cardio respiratory aptitude was the only variable that presented similarity between the groups, 84,4% of the sample for both G1 and G2 are out of the indexes recommended by CR. And only 16,6% were in the average rate recommended by the CR.

According to literature the results relate to a high risk of developing diseases,. For the ACSM (1996), low levels of cardio respiratory aptitude present correlation with premature death growing risk due to any cause, especially for heart diseases.(ACSM, 1996; NIEMAN 1999).On the other hand, Nieman (1999), enhanced smaller risk of coronary diseases, vascular brain accident, several vascular cancer types, diabetes, hypertension, obesity, osteoporosis, depression and anxiety in people with better levels of cardio respiratory aptitude, thus, most of the sample (84,4%), present preoccupying indexes related to health problems related to low levels of cardio respiratory aptitude. The functional component or cardio respiratory aptitude refers to the capacity to perform medium and high intensity efforts as well as long duration efforts involving large muscle groups, called aerobic resistance. Indeed for being a small sample we should be careful in making considerations regarding the community. On the other hand, according to Silva (2004), there is a great difficulty in preserving habits and traditions due to the preference of the younger in adhering to more sedentary habits, what may explain the results. Bim & Nardo, (2005), aiming at analyzing the level of health related physical aptitude of intern teenagers at the State University of Maringá, observed that the higher the level of habitual physical activity the greater cardio respiratory resistance, what may suggest that our sample may present non-sufficient habitual physical activities. After all, due to the few existent records on quilombolas PARH the enlargement of researches to fill out that gap of the current literature is justified.

CONCLUSION

The analysis of physical fitness health related (AFRS) of quilombola women revealed preoccupying data, as the results show incompatibility with reference criteria established by literature, mainly regarding cardio respiratory components and body composition which presented the worst results. In a comparison between groups, the data also suggest that the younger ones have the worst scores, presenting higher risk of deceases associated to low physical fitness. We understand the need to implement projects to motivate the regular practice of physical activity in the community, mainly concerning cardio vascular capacity and body composition. We suggest higher attention concerning PFRH of quilombola women of Curiaú Town, where through public policies, there may be the improvement of PFRH and incentive of physically active lifestyle along the community members' life, in order to avoid the development of diseases related to the physical inaptness.

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LEVELS OF PHYSICAL FITNESS HEALTH RELATED TO QUILOMBOLA COMMUNITY WOMEN: A STUDY CASE

ABSTRACT

This study aims to investigate the PFRH of women from Curiaú community, Macapá-AP, The non-probabilistic intentional sample was composed by 14 volunteer women, aged between 21 to 47, divided in two groups G1(06), under 30 years old and G2 (08) over 30 years old. Anthropometric data regarding Height and Corporal Mass has been collected to determine the Body mass index (BMI), Hip and Waist Perimeter (RQC), in order to obtain the Hip and Waist Relation (RCQ), assessed according to criteria established by Nahas (2003).The tests used to assess superior members (elbow flexion) strength/resistance and flexibility (sit and reach) assessed according to Nieman (1999). Cardio respiratory Resistance (1609 meters walking tes) established by Cooper Institute of Aerobic Research mentioned by Nahas (2003). Results show that AFRS components, G2 is more frequent according to the criteria recommended for Strength/Resistance (62,5%) and Flexibility (87,5%), whereas G1 obtained (33,3%) for Stength/Resistance and (33,2%) for Flexibility. Meanage scores indicate that the sample did not reach rates recommended by the reference criteria for health in all of the components, highlighting the following meanage scores: Cardiovascular component (20,50 ± 9,33 and 20,34 ± 10,34 ml.kg.kg-1 for G1 and G2 respectively), body composition (IMC= 26,01 ± 3,52 and 26,39 ± 4,23 kgm2 for G1 and G2 respectively), Strength/Resistance (12,5 ±4,5 and 13,62 ± 3,29 for G1 and G2 respectively), Flexibility (29,58 ± 7,77 and 35,5 ± 6,5 cm). Results show incompatibility between AFRS aspects and reference criteria established by literature.

KEY WORDS: physical fitness, health, quilombola.

LES NIVEAUX DES APTITUDES PHYSIQUES LIÉS À LA SANTÉ DES FEMMES DE LA COMMUNAUTÉS QUILOMBOLAS: UNE ÉTUDE DE CAS

RESUMÉ

Cette étude a pour but faire des investigations de l'aptitude physique liée à la santé (AFRS) des femmes qui habitent à la commnauté do Curiaú à Macapá – AP. L'échantilion probabilistique internationale par volontaire a éte composée par 14 femmes, à l'âge de 21 à 41 ans partagée en deux groupes. G1 (06) l'âge inferieur à 30 ans; e G2 (08) l'âge supérieur à 30 ans. Dans cette analyse ont été choisis des donnés anthropométriques de stature et de masse corporelle, pour determination de l'índice de Masse Corporelle (IMC), les circonférences de la ceinture de la hanche, afin d'obtenir la relation ceinture et hanche (RCQ), évalué selon les critères établis par Nahas (2003). Les testes utilisés pour évaluer la force/resistence de membres supérieurs (fléxion des coudes) et la (fléxibilité s'assoir et atteindre) e´valués selon Nieman resistence cardirespiratoire (teste de la marche de 1609 mètres) préconisé par L'Instituto Cooper de Pesquisas aAeróbicas, d'près Nahas (2003). Les résultats montrent que parmis les élements de l'AFRS, le G2 se trouvent avec plus fréquence dans les critères de recommandés de réferences par la force/résistece (62,5%) et la fléxibilité (87,5%). Et le G1 a obtecu pour la force/resitence (33,3%) et pour la fléxibilité (33,2). Les scores moyens indiquent que l'échantilion n'a pas réussi aux índices recomandés par les critères de références pour la santé dans la totalité des élements cardiovasculaire (20,50 + 9,33 20,34 + 10,34 ml.kg.kg 1 pour G1 et G2 respectivement), la composition corporelle (IMC= 26,01 + 3,52 et 26,39 + 4,23 kgm2 pour G1 et G2 respectivement), force/resistence (12,5 + 4,5 et 13,62 + 3,29 pour g1 et G2 respectivement) fléxibilité (29,58 + 7,77 et 35,5 + 6,5 cm). Les résultats montrent une incompatibilitée des aspects rapprtés à l'AFRS avec les les critères de références données par la littérature.

MOTS-CLÉS : L'apititude Physique, Santé, Quilombolas.

NIVELES DE APTITUD FÍSICA RELACIONADAS A LA SALUD DE MUJERES DE COMUNIDAD QUILOMBOLA: UN ESTUDIO DE CASO.

RESUMÉN

Este estudio tuvo como objetivo investigar la Aptitud Física Relacionada a la Salud (AFRS) de mujeres residentes en la comunidad de Curiaú, en Macapá-AP. La muestra, no probabilística intencional por voluntariado fue compuesta por 14 mujeres, con edad de 21 a 47 años, divididas en dos grupos: G1(06) edad inferior a 30 años; y G2(08) edad superior a los 30 años. Fueron recogidos datos antropométricos de Talla, y de Masa Corporal, para determinación del Índice de Masa Corporal (IMC), las circunferencias de la Cintura y del Cuadril, para obtener la Relación Cintura Cuadril (RCC), evaluados según criterios establecidos por Nahas (2003). Las pruebas utilizadas para evaluar la fuerza/resistencia de miembros superiores (flexión de codos) y flexibilidad y (sentar y alcanzar) evaluados .según Nieman (1999); Resistencia Cardiorrespiratoria, (prueba de caminata de 1609 metros) preconizado por el Instituto Cooper de Investigaciones Aeróbicas, citado en Nahas (2003). Los resultados apuntan que entre los componentes de la (AFRS) evaluados, lo G2 se encuentra con mayor frecuencia dentro de los criterios recomendados de referencia para fuerza/resistencia (62,5%) y Flexibilidad (87,5%), mientras G1 obtuvo para fuerza/resistencia (33,3%) y para flexibilidad (33,2%). Los resultados medianos indican que la muestra no alcanzó los índices recomendados por los criterios de referencia para la salud en la totalidad de los componentes, evidenciando los siguientes resultados medianos: Componente cardiovascular (20,50 ± 9,33 y 20,34 ± 10,34 ml.kg.kg-1 para G1 y G2 respectivamente), composición corporal (IMC= 26,01 ± 3,52 y 26,39 ± 4,23 kgm2 para G1 y G2 respectivamente), Fuerza/Resistencia (12,5 ±4,5 y 13,62 ± 3,29 para G1 y G2 respectivamente), Flexibilidad (29,58 ± 7,77 y 35,5 ± 6,5 cm). Los resultados apuntan para una

incompatibilidad de los aspectos relacionados a la aptitud física relacionada a la salud (AFRS) con los criterios de referencia establecidos por la literatura,

PALABRAS CLAVE: Aptitud Física, salud, quilombola.

NÍVEIS DE APTIDÃO FÍSICA RELACIONADOS À SAÚDE DE MULHERES DE COMUNIDADE QUILOMBOLA: UM ESTUDO DE CASO.

RESUMO

Este estudo teve como objetivo investigar a Aptidão Física Relacionada à Saúde (AFRS) de mulheres residentes na comunidade do Curiaú, em Macapá-AP. A amostra não probabilística intencional por voluntariado, foi composta por 14 mulheres, com idade de 21 a 47 anos, divididas em dois grupos: G1(06) idade inferior a 30 anos; e G2(08) idade superior a 30 anos. Foram colhidos dados antropométricos de Estatura, e da Massa Corporal, para determinação do Índice de Massa Corporal (IMC), as circunferências da Cintura e do Quadril, para obter a Relação Cintura Quadril (RCQ), avaliados segundo critérios estabelecidos por Nahas (2003). Os testes utilizados para avaliar a força/resistência de membros superiores (flexão de cotovelos) e flexibilidade (sentar e alcançar) avaliados segundo Nieman (1999); Resistência Cardiorrespiratória (Teste de caminhada de 1609 metros) preconizado pelo Instituto Cooper de Pesquisas Aeróbicas, citado em Nahas (2003). Os resultados apontam que dentre os componentes da AFRS, o G2 encontra-se com maior freqüência dentro dos critérios de recomendados de referencia para força/resistência (62,5%) e Flexibilidade (87,5%), enquanto G1 obteve para força/resistência (33,3%) e para flexibilidade (33,2%). Os escores médios indicam que a amostra não atingiu os índices recomendados pelos critérios de referência para a saúde na totalidade dos componentes, evidenciando os seguintes escores médios: Componente cardiovascular (20,50 ± 9,33 e 20,34 ± 10,34 ml.kg.kg-1 para G1 e G2 respectivamente), composição corporal (IMC= 26,01 ± 3,52 e 26,39 ± 4,23 kgm2 para G1 e G2 respectivamente), Força/Resistência (12,5 ±4,5 e 13,62 ± 3,29 para G1 e G2 respectivamente), Flexibilidade (29,58 ± 7,77 e 35,5 ± 6,5 cm). Os resultados apontam uma incompatibilidade dos aspectos relacionados à AFRS com os critérios de referência estabelecidos pela literatura.

PALAVRAS-CHAVE: Aptidão Física, saúde, quilombolas.

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