164 - BMI AND HEALTH HABITS: ORIENTED APPROACH TO HEALTH ISSUES CAN CHANGE A REALITY?

JULIANA MUNIZ DE CERQUEIRA
RENATO FARJALLA

1 INTRODUCTION

Currently, we are seeing the rampant growth of disease-oriented to physical inactivity, the excessive accumulation of body fat and poor eating habits. This situation has been consistent not only in developed countries but also in medium and low income, especially in urban environments reaching epidemic proportions.

"The consequences of the epidemic to physical inactivity include, among the best known, diabetes, hypertension, hypercholesterolemia, obesity, various forms of cancer and osteoporosis. In mental health also generates an equally devastating impact, including reduced self-esteem, self-image, well-being, sociability and increased stress, anxiety, depression, as well as the risk to the evil of alzeihmer and Parkinson's disease, even causing cognitive impairment "(Matsudo, 2005).

According to the National Cancer Institute (INCA, 2002 - 2003), physical inactivity is responsible for approximately 2 million deaths worldwide. It is estimated that it accounts for 10-16% of cases of colon cancer, diabetes and breast and 22% of ischemic heart disease. In the Americas, have witnessed a high number of hypertensive patients, according to the Oswaldo Cruz Foundation (FIOCRUZ, 2009), 140 million people, these data show the urgent need for creating and implementing programs that will raise awareness of the importance of measures preventive for the development of chronic non-communicable diseases (NCDs) and to achieve a healthy lifestyle.

Among the NCDs can highlight cardiovascular disease, some cancers, obesity, hypertension and diabetes. These epidemics were more frequent in the adult population due to changes in lifestyle, began to become more common among young people, by the decrease of regular physical activity, by choosing the wrong foods, the psychological disorders (Soares and Souza, 2008), the early stress and high salt intake (MENDES et.al, 2006), thus becoming a threat to these individuals, as these diseases account for 40% of deaths that occur annually in Brazil according to the Ministry of Health and the Pan American Health Organization (2005).

Adolescents comprise 30% of the world, covering the age group between 10 and 19 years. At this stage the subject goes through a period of physical, psychological and social, highlighting the food source. According to Serra, and Santos (2003) "can occur in adolescence increased caloric intake by increasing the need for more energy due to rapid growth, but foods high in sugar, fat, and the conduct of snacks, this generation may lead to cases of overweight and obesity. "

Data from the surveillance system and nutrition (SISVAN, 2009) reveal that 13% of adolescents are overweight, while 3% are already obese. We know that with increasing age the occurrence of the epidemic becomes more frequent and more difficult to control, it is more evident in people with less education (Ministry of Health 2009). It is estimated that 1.6 million adults over age 15 are overweight and 400 million obese, according to some data projects in 2015 will increase to 2.3 billion and 700 million respectively (WHO, 2005).

Obesity in adolescence becomes a risk factor for the permanence of the individual overweight in adulthood. This epidemic is caused by hormonal changes and genetic, socioeconomic, sociocultural, psychological, decreased energy expenditure and increased food intake that can be stimulated by the development of food industry, fast food chains, from advertising on television, as well as the habit of young people to remain for long periods of time in front of the television, computer and video game. According Sichieri and Souza (2008), weight gain and obesity in childhood and adolescence have been linked to an increased time spent on sedentary behaviors like watching TV and using the computer.

According to Terres et. al (2006) at this age the consequences of the disease are early onset of cardiovascular diase, diabetes mellitus 2, psychological problems and compromise posture and cause changes in locomotor and bring socioeconomic disadvantage in adulthood.

On the one hand the media encourages a greater calorie intake for this population, on the other it determines standards of beauty considered perfect and plays a role structuring in the construction and deconstruction of food procedures, forcing the young people to worry excessively about body image, causing many to adopt restrictive diets completely and paid some meals or even induce vomiting to feel "free" of calories. These attitudes eventually develop eating disorders such as anorexia, bulimia and orthorexia, new term for an unhealthy obsession with healthy eating.

The situation is aggravated because the young people and adults who live together often are not knowledgeable of the standards considered adequate food and end up being influenced by current nutritional useless and often dangerous. (Mattos; NEIRA, 2004).

Importantly, favorable and unfavorable attitudes to health from childhood are constructed by identifying those observed in external models or reference groups (national curriculum framework, 1997).

The family is considered the flagship model in relation to food habits and health habits, of course the child acquires the habits of the home, but in adolescence it is not considered a subject totally passive in relation to information forwarded to them, in some situations it is capable of acting on their own wits. Interventions during adolescence is important because it can prevent future problems, after the subject is in a period of transformation where the vulnerability and risks are present, and there should be attention and care. (Braga, MOLINA, CADE, 2007).

Through the affirmation of saints and Serra (2003), to inform and guide teenagers in relation to their eating habits is a challenge facing those who believe that the body can and should be considered in its multiple dimensions not limited to modular aesthetic standards. The youth then becomes a period of great transformation in which the individual becomes the principal author of its development.

Nutrition education and developing good habits, as well as physical activity should be encouraged since childhood, both at school and in the family circle, because the sooner the child experience these situations, the better your quality of life and lower risks of developing risk factors for future illness (Rael, 2002).

Faced with this situation, where there is difficulty in changing the lifestyles of teenagers, what to do to encourage the practice of regular physical activity and eating habits to adopt disease prevention and health maintenance. Sichieri and Souza

(2008) confirm that interventions that combine nutrition and physical activity have a variable degree, found a reduction of fat intake and time watching television and increasing consumption of fruits and vegetables and physical activity during school time.

In this context, schools can be identified as an appropriate environment to influence changes in behavior, giving students a healthier life by encouraging sports, theme-oriented approach to health and the provision of a healthier snack. Students may be able to reflect the concepts, facts, principles and decisions, opting for healthy attitudes in reality they are inserted.

Guedes (1999), suggests that "the school in general and the discipline of physical education in particular, assume the task of developing programs that lead students to realize the importance of adopting a healthy lifestyle, making physical activity targeted health promotion to become regular feature in daily life. "

We recall that according to the Law of Guidelines and Bases (LDB – 1996), wich establishes the guidelines and bases of education, physical educationr is mandatory component of basic education curriculum is one of their guidelines to promote sport and educational support Non-forma sporting activities.

"In high school, the school physical education has the duty to teach citizens to monitor, control, and have autonomy in their exercise program, or the creation, development and maintenance of an active style of life. The development of the teacher education should focus on benefits you can get with the regular practice of physical activities and at the same time, seek awareness that physical inactivity causes serious health risks "(Mattos; NEIRA, 2000 or 2004).

The physical education teacher within the school as a professional health care, is nominated as responsible for promoting quality of life and should contribute to the healthy development of students by providing information and services aimed at promoting health and prevent the onset of disease. The student must develop autonomy through the guidance of the educator to select physical activities relevant to their daily lives, with regard to the adoption of lifestyle more healthy (Becall, MIRANDA, 2009).

According to the National Curriculum Parameters (PCN, 1998), which constitute a landmark in the pursuit of an improving Brazilian education, physical education teachers should address topics on healthy habits as one of the basic aspects of quality of life and students should be able to know and take care of your own body acting responsibly toward their own health and public health, knowing the diversity of standards of beauty and critically analyzing the patterns reported by the media.

Through the cross-cutting themes, which include a range of issues and address urgent social issues, the health care issue can be clarified leading students to reflect on their practices and enhance the health, seeking alternatives beneficial to the maintenance and promotion of quality contributing life in a broader sense in the training of students.

In a study by Martins (2008), who used lectures at the school to present the pathology of obesity, as well as its prevention and control through a healthy diet, we noticed a higher rate of students in classes physical education after the study, showing that the approach of topics from health may encourage more students to value physical activity.

The school is a place for the development of strategies to promote physical education and health education, and may be the only opportunity of access to physical activity for many students. How to refer Marques and Gaya (1999), especially for children from lower social classes, the school often takes shape as the most significant cultural reference of their lives. But on the other hand, we also know that the school environment alone can not solve all problems relating to the promotion of physical activity and active lifestyles, so other social spaces should also be valued, ie, we consider that increasing the time devoted to physical activity should be achieved, also at the expense of time available for leisure activities outside of physical education class and through extracurricular activities and community.

These findings lead us to consider, it should pursue integrated strategies to promote practice habits of regular physical activity, involving the community in general, and to stimulate a health system that emphasizes prevention of disease. Public policies should be developed in order to offer the people an opportunity to maintain an active lifestyle.

Remember that the strategies in the area of health promotion, must adapt to local needs and possibilities of each country and region, as well as take into account the differences in their social, cultural and economic (Ottawa Charter, 1986).

Thus, it should boost the culture of health, changing values, beliefs, attitudes and relationships that allow both the production and get enjoyment of goods and opportunities to facilitate healthy choices. With them, it will be possible to create healthy environments and the extension of a full life with the most personal skills development and social (Declaration of Bogotá, 1992).

The aim of this study was to examine whether subjects oriented approach to health is able to reduce the BMI measurement is classified as above normal, the practice of encouraging regular physical activity and improve eating habits of adolescents.

2 DEVELOPMENT

It is a qualitative research, including the collection of data through measurements of BMI, the responses to the questionnaire and the interaction of researchers with the participants through lectures.

The study was conducted in the city of Petropolis, located in the state of Rio de Janeiro state school Hercília Henriques Moret, with a division of the second year of high school, which was chosen by the physical education teacher from school for having the largest number of students that seemed to be overweight. The class comprised 23 students, 15 female and 8 male and age of participants ranged between 15 and 23 years.

The physical education teacher in the class provided the opening minutes of their classes (between twenty and thirty), to develop the research steps. At the first meeting would be explained to students as the research conducted, we deliver consent forms to allow interested parties could participate and guide students to bring to the next class, light clothing (shorts, pants leg, T) in order to facilitate the performing measurements of height and weight.

The implementation of a method within the school, which can evaluate the measurements of the students is important because it allows the monitoring of growth, the analysis of different body types and needs of each one of them, and identify risks for diseases that begins in ever earlier ages (Beck et al, 2007).

One such method is the calculation of body mass index (BMI), which is a measure accepted by the World Health Organization (WHO) to identify cases of malnutrition, overweight and obesity can be linked to nutrition education in order to offer students information about their health, encouraging them to reflect on the practice of physical, social and food. It has been widely used in epidemiological studies to obtain for its simplicity and low cost

.Data were collected between March and June 2010 and work is divided into three steps. At first we performed measurements of weight in kilograms and height in cm with the use of a brand Welmy anthropometric scale (Model R.110), with a maximum capacity of 140kg and then with the data calculated BMI by dividing the weight (in kilograms) by height squared (in meters).

The results of the IMC followed the standardization proposed by the World Health Organization (1995) and were

classified according to Kuczmarski (2000), considering genger and age (from 2 to 20 years) to thus obtain a final grade, where as students who underwent the measurements, were between 15 and 18 years. The following table illustrates the cutoff points used:

CUT-OFF POINTS	CLASSIFICATION
Below percentile 5th	LOW WEIGHT
Among the percentile 5 e 85th	NORMAL WEIGTH
Among the percentil 85 e 95th	OVERWEIGHT
Above the percentil 95th	OBESITY

After released results of the BMI for each student, along with their classification, so that they were aware of their nutritional status, we applied a questionnaire adapted from the IPAQ (International Physical Activity Questionnaire) and a dietary questionnaire (IPAQ), with twelve closed questions about physical activity, nutrition and lifestyle habits that have been validated by three physical education teachers that had the master in his training. We read all the questions and explain the presence of students in order to clarify possible doubts.

The second stage of the work was composed by the intervention of the researchers through the application of talks focused on themes of health (body mass index, physical activity, nutrition, overweight and obesity, sedentary lifestyle, hypertension, eating disorders, health and quality of life) , is a theme discussed each week. The talks took place during eight weeks in the classroom and in the stands of the block used for physical education classes and students were given a summary of each meeting with key data on the subject that was being addressed.

The information for the construction of the lectures and the summaries were taken from scientific papers, books and websites. We seek to correlate the subjects by giving examples from everyday life to the understanding and absorption of information were most useful, and distribute gifts like granola bars and water bottles for sports. In discussing the theme hypertension, take a device capable of measuring the systolic and diastolic blood pressure for students to know and to gauge the extent of them.

We encourage students to reflect on the present and future consequences of some of his habits, gave practical examples on how they could use their free time to practice physical constants and particularly how they could opt for a healthier diet, after all, it is assumed that

The difficult acess of studentes a nutritionist, influences the choices of food and the initiation of a nutritional reeducation where necessary, since in some situations neither the family nor nor the student have enough reliable information to promote a balanced energy aiming at promotion, maintenance or restoration of health.

In the third step, we performed re-measurements of weight and height in order to assess whether or not there was a change in the results of BMI and reapply the initial questionnaire to see if with the retention of the information provided, young people have improved their eating habits and sought regular practice of physical activities and what was the importance of the work done to their lives.

3 ANALYSIS OF IMPACT

A total of seventeen students were weighed and 12 girls and 5 boys, and in the second weighing, a student had left school by reducing the number of participants to sixteen. Not all students in the class participated in the process measures, due to the lack of attendance to classes and the difficulty in transporting the balance used. There was no significant difference in the outcome of BMI between the first and second evaluation. The classification of students continued the same in accordance with the following table:

CLASSIFICATION	1° EVALUATION	2° EVALUATION
NORMAL WEIGHT	13	12
OVERWEIGHT	2	2
OBESITY	2	2

In the lecture on hypertension, we found that two students had values above 140/90 mmHg, just those who were overweight and advised to seek a doctor to do a more specific monitoring of blood pressure.

Comparing the responses of the questionnaire, we realized that almost half the class does not participate regularly in physical education classes, making it clear that this behavior can be negative for the student's life, as through physical education, students come into contact with the pleasure generated during and after the practice of different activities and may thus enhance an active lifestyle.

Regarding physical activity, we realize that students are not fully sedentary, 62.5% of the class, performs light activities such as walking, mainly as a form of displacement of the everyday work and home, and the remaining 37.5% provide between 20 and 40 minutes of your time every day to moderate activities, with a frequency between 2 and 4 times a week.

There was a reduction in excessive time (more than five hours per day) spent in sedentary activities like watching television, computer and video game use, but there remained a large number of students who provide between three and five hours of your day for these activities, which can be very harmful to individuals becoming increasingly sedentary, often leaving no time to practice a regular physical activity.

It was observed that two students who presented the ranking, the results were very similar to the rates of malnutrition, one of which said he had had anorexia, but was now recovered, while the other seemed to identify with some situations commented during the lecture on eating disorders, demonstrating that could be exhibiting some symptoms of anorexia and bulimia. Along with overweight and obesity (grade 1), these students become a risk group that needs special care, with the help of family, to reach a satisfactory weight and safe, thus preventing the emergence and development of serious diseases.

In the matter of food, we found that the intake of fruits proved deficient in half of the students involved in research, with consumption of less than two servings a day. However, there was a reduction in intake of foods high in sugar, for some students who had a large consumption, but there is still a large percentage of which may decrease the swallowing of it. However, intake of fried foods in the form of significantly reduced, giving rise to food prepared in a healthier way. As for hydration, the results were

beneficial in part because of increased daily consumption of one of the gang, however, there are still many who remained with a low fluid intake, which can lead to reduction of brain function and impair the development of learning.

In contrast, we realized that the knowledge imparted through lectures, aroused motivation for some students to change their eating habits and practice of physical exercise. One student commented that he was dieting because I was overweight. We talked to about the same healthy food choices and good for weight loss as well as the importance of it to be searching for an activity to enhance body fat reduction and subsequently to maintain body weight. Another student who was obese (grade 1), recalled the times when practicing judo and declared that he could maintain a satisfactory weight.

By abandoning the sport and not doing any other is that he saw the pointer of the balance go up, however, was a good time without taking any action to change this picture. After dealing with the issue PHYSICAL ACTIVITY, he told us he was returning to practice this sport cited. Another said that after knowing the importance of regular physical activity, began to ride for at least one hour every day before work, and has changed some eating habits and have reduced portion sizes, as before were much higher.

Most students realized some benefit to their lives through work, found the lectures interesting, claiming to contain valuable information for the prevention of diseases of which they had no knowledge.

Became aware of the importance of having a physically active lifestyle to improve mood and mental and physical health, and give greater participation in physical education classes.

They learned to eat better and opt for healthier foods, reducing the intake of fried foods and sweets, thus contributing to a better quality of life.

4 CONCLUSIONS AND RECOMMENDATIONS

The results show that the young population is in a risk group, for their bad health habits, physical inactivity and by being at a stage where they are greatly influenced by current transmitted by the media.

It was confirmed that eating disorders such as overweight, obesity, anorexia and bulimia can be easily developed among young people, proving that the approach to these issues is of utmost importance in the education of adolescents, so they can take preventative measures and having a healthy life.

The approach of the issues facing health produced positive results, it was able to transform students' thinking about their practices, stimulating the search for a more active lifestyle and a healthier diet. Participants recognized the importance of regular physical activity for disease prevention and to obtain a better quality of life.

We also believe that all information provided during the work, will forever remain with the students, so that at some point in their lives, they are useful for promoting the health of themselves and their families, however, only the provision of information to the learner is not enough, the family must also be included in the process of developing a healthy culture, being instructed in relation to feeding practices, as well as an appreciation of physical activity.

For major changes occur in relation to body weight (either increase or decrease) for the improvement or maintenance of health, it is necessary that interventions are emphasized since childhood, so that students grow in a supportive environment and healthy, thus building good habits.

These data demonstrate the urgency to promote physical education classes more interesting for the audience, involving different subjects and modalities so that all students will be motivated to participate and may thus have greater contact with the physical practices. It should be noted that the professional should highlight the benefits generated by physical activity, and show what are the consequences of a sedentary lifestyle for health, encouraging the class to look for options outside the school to remain active. The same should also take advantage of their time to develop other classes concerned with health issues such as nutrition education, which according to Santos (2005), is linked to the production of information and aware and clear messages that serve as subsidies to help decision making of individuals who end up this way by choosing healthier options, improving their quality of life and preventing the emergence of diseases.

The school must prioritize the health of students by offering healthier foods in their canteens as well as school meals and encourage teachers of other disciplines taught to use the content relating them to the various topics focused on health promotion.

Another strategy that could promote great results would be to conduct physical practices with the information provided through the lectures become a stimulus to generate in students the desire to adopt a more active life.

Finally, the development of a sports culture as well as instrumentation for a physically active lifestyle and healthy habits, should be important goals in the lives of our students.

REFERÊNCIAS

BECALLI, Michel Binda; MIRANDA, **Monalisa de. Educação Física no contexto da saúde. Boletim Educação Física. Congresso de cursos da ESFA**, 1., Santa Teresa, 2009. Disponível em: http://boletimef.org/biblioteca/2678. Acesso em: 14 Abr. 2010.

BECK, Carmem Cristina et al. Ficha Antropométrica na Escola: O que medir e para que medir**? Revista Brasileira de Cineantropometria & Desempenho Humano** – 2007; 9 (1): 107-114. Disponível em: www.rbcdh.ufsc.br/DownloadResumo.do?artigo=338. Acesso em: 16 Mar. 2010.

BRAGA, Patrícia Déa; MOLINA, Maria Del Carmen Bisi; CADE, Nágela Valadão. Expectativas de adolescentes em relação a mudanças do perfil nutricional. **Ciência e saúde coletiva** – Rio de Janeiro – Vol. 12 – N° 5 – Set/Out de 2007. Disponível em: http://www.scielo.br/pdf/csc/v12n5/13.pdf. Acesso em: 21 Mar. 2010.

CARTA DE OTTAWA. **Primeira Conferência Internacional sobre promoção da saúde** – Ottawa – Novembro de 1986. Disponível em: http://www.opas.org.br/promocao/uploadArq/Ottawa.pdf. Acesso em: 10 Abr. 2010.

CELAFISCS. IPAQ (Questionário Internacional de Atividade Física). Disponível em: http://www.celafiscs.institucional.ws/65/questionarios.html. Acesso em: 6 Mar. 2010

DECLARAÇÃO DE SANTAFÉ DE BOGOTÁ. **Conferência Internacional de Promoção da Saúde – Santafé de Bogotá, Colômbia – 9 a 12 de Novembro de 1992**. Disponível em: http://www.opas.org.br/promocao/uploadArq/Santafe.pdf. Acesso em: 3 Jun. 2010

FUNDAÇÃO OSWALDO CRUZ (FIOCRUZ). **Pressão alta também atinge adolescentes**. Março de 2009. Disponível em: http://www.fiocruz.br/cgi/cgilua.exe/sys/start.htm?sid=112. Acesso em: 10 Mai. 2010.

GUEDES, Dartagnan Pinto. **Educação para a saúde mediante programas de educação física escolar.** Motriz (Revista de Educação Física – UNESP) – São Paulo – Vol 5 – N° 1 – Junho de 1999. Disponível em: http://www.rc.unesp.br/ib/efisica/motriz/05n1/5n1_ART04.pdf. Acesso em: 1 Mar. 2010.

INSTITUTO NACIONAL DO CÂNCER (INCA). **Inquérito domiciliar sobre comportamentos de risco e morbidade referida e doenças e agravos não-transmissíveis. Secretaria de vigilância em saúde; Ministério da saúde - Brasil – 15 capitais e distrito federal, 2002 - 2003**. Disponível em: http://www.inca.gov.br/inquerito/docs/atividadefisica.pdf. Acesso em: 19 Mai. 2010.

Kuczmarski RJ, Ogden C, **Grummer-Strawn LM, et al. CDC Growth Charts:** United States. Hyattsville, MD: U.S. Department of Health and Human Services, 2000. NCHS Advance Data Report No. 314.

LEI DE DIRETRIZES E BASES DA EDUCAÇÃO (LDB). Lei N° 9.394 , de 29 de Dezembro de 1996. Título V (Dos níveis e das modalidades de educação e ensino); Capítulo II (Da educação básica/ seção I (das disposições gerais); artigo 26 (Currículo do Ensino Fundamental e Médio) e artigo 27. Disponível em: http://www.planalto.gov.br/ccivil_03/Leis/L9394.htm. Acesso em: 15 Abr. 2010.

MARQUES, António Teixeira; GAYA, Adroaldo. Atividade Física, Aptidão Física e Educação para a saúde: Estudos na área pedagógica em Portugal e no Brasil. **Revista Paulista de Educação Física** – São Paulo - 13(1): 83-102, jan./jun de 1999. Disponível em: http://www.educacaofisica.com.br/biblioteca_mostra.asp?id=2610. Acesso em: 26. Abr. 2010.

MARTINS, Raphael Moreira. **Atividade física e alimentação saudável dentro da escola: Critérios básicos para a diminuição da obesidade entre os adolescentes. efdeportes,** Revista Digital - Buenos Aires – Ano 13 – N° 124 – Setembro de 2008. Disponível em : http://www.efdeportes.com/efd124/atividade-fisica-e-alimentacao-saudavel-dentro-da-escola.htm . Acesso em: 15 Abr. 2010.

MATSUDO, Victor Keihan Rodrigues. **Sedentarismo: Como diagnosticar e combater a epidemia. Revista Diagnóstico e tratamento (Associação Paulista de medicina)** – 2 ed. – vol. 10 – Abr/Mai/Jun de 2005. Disponível em: http://www.rafapana.org/files/attachments/043_art_0500br3.pdf. Acesso em: 7 Mar. 2010.

MATTOS, Mauro Gomes de, NEIRA; Marcos Garcia. **Educação Física na adolescência: Construindo o conhecimento na escola – Transtornos alimentares: anorexia nervosa e bulimi.** São Paulo: Ed. Phorte, 2004.

MENDES, Marcelo José Fernandes de Lima et al. **Associação de fatores de risco para doenças cardiovasculares em adolescentes e seus pais. Revista Brasileira de Saúde Materno Infantil** – Recife, 6 (supl 1): s49 – s54, Maio, 2006. Disponível em: http://www.scielo.br/pdf/rbsmi/v6s1/30504.pdf. Acesso em: 3 de Jun. 2010

MINISTÉRIO DA SAÚDE. 1**3% dos brasileiros estão obesos.** Portal da saúde – 7 de Abril de 2009. Disponível em: http://portal.saude.gov.br/portal/aplicacoes/reportagensEspeciais/default.cfm?pg=dspDetalhes&id_area=124&CO_NOTICIA=10078. Acesso em: 27 de Jun. 2010.

MINISTÉRIO DA SAÚDE. **Sobrepeso/ anorexia**. Portal da saúde – 2009. Disponível em: http://portal.saude.gov.br/portal/saude/visualizar_texto.cfm?idtxt=34308&janela=1. Acesso em: 27 de Jun. 2010

ORGANIZAÇÃO MUNDIAL DA SAÚDE. **Obesidade e sobrepeso.** Ficha N ° 311 - Setembro de 2006. Disponível em: http://www.who.int/&ei=LZ4nTJPVFI2muAfV7r2yAg&sa=X&oi=translate&ct=result&resnum=1&ved=0CCYQ7gEwAA&prev=/search%3Fq%3DOMS%26hl%3Dpt-BR%26client%3Dfirefox-a%26hs%3DuII%26rls%3Dorg.mozilla:pt-BR:official. Acesso em: 27 de Jun. 2010

ORGANIZAÇÃO PAN-AMERCIANA DE SAÚDE. C**ombate às Doenças não transmissíveis.** Dezembro de 2005. Disponível em: http://www.opas.org.br/mostrant.cfm?codigodest=278. Acesso em: 2 Jun. 2010

PARÂMETROS CURRICULARES NACIONAIS: Apresentação dos temas transversais, Ética/ Secretaria de Educação Fundamental. Brasília: MEC/SEF , 1997. Disponível em: http://portal.mec.gov.br/seb/arquivos/pdf/livro081.pdf. Acesso em: 22 Mar. 2010.

PARÂMETROS CURRICULARES NACIONAIS: Educação Física/ Secretaria de Educação Fundamental. Brasília: MEC/SEF, 1998. Disponível em: http://portal.mec.gov.br/seb/arquivos/pdf/fisica.pdf. Acesso em: 22 Mar. 2010.

RAELE, Rosana. **Educação nutricional na prevenção e tratamento de doenças crônico-degenerativas**. Nutrição em pauta. Jan/Fev de 2002. Disponível em: http://www.nutricaoempauta.com.br/lista_artigo.php?cod=16 . Acesso em: 10 Mai. 2010.

SANTOS, Ligia Amparo da Silva. **Educação alimentar e nutricional no contexto da promoção de práticas alimentares saudáveis.** Revista de nutrição – Campinas – Set/Out – vol.18, N° 5 – 2005. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-52732005000500011. Acesso em: 6 Jun. 2010.

SERRA, Giane Moliari Amaral; SANTOS, Elizabeth Moreira dos**. Saúde e mídia na construção da obesidade e do corpo perfeito.** Ciência e Saúde Coletiva – São Paulo – Vol.8 – N° 3 – 2003. Disponível em: http://www.scielo.br/pdf/csc/v8n3/17450.pdf. Acesso em: 9 Abr. 2010.

SICHIERI, Rosely; SOUZA, Rita Adriana de. **Estratégias para prevenção da obesidade em crianças e adolescentes.** Cadernos de saúde Pública – Rio de janeiro - Vol. 24 – Suppl. 2 – 2008 - Sup 2:S209-S234. Disponível em: http://www.scielo.br/pdf/csp/v24s2/02.pdf. Acesso em: 20 Mar. 2010.

BMI AND HEALTH HABITS: ORIENTED APPROACH TO HEALTH ISSUES CAN CHANGE A REALITY?

ABSTRACT

In our society we can see the grow of chronic non-communicable diseases and eating disorders in the young people due lack of physical activity, poor eating habits and midia influences saying to eat fast food that are faster and practical, but without the nutrients required.

Against the difficulties of changing habits of teenagers, physical education teachers have to talk about themes to stimulate the students to know and take care about themselves.

So, the objective of this study was to check if these themes are able to reduce body mass index and stimulate the practice exercises and better eating habits.

We use the measure body mass index to classify the nutritional status of students and applied a questionnaire focused on physical activity and eating habits.

The intervention occurred through themes facing the health.

Through a reassessment of BMI and the questionnaire applied we conclude that health education produces significant results in quality of life.

KEYWORD: physical activity, health, quality of life.

SOMMAIRE:

Croissance observée dans la société actuelle des maladies chroniques non transmissibles et les troubles alimentaires dans la population jeune, en raison de l'inactivité physique, mauvaises habitudes alimentaires et l'influence des médias, désormais considéré comme encourageant les normes des idéaux de beauté, parfois augmenter la consommation de

collations et pratique à haute teneur en calories et pauvres en nutriments. Compte tenu des difficultés à changer les habitudes de vie des adolescents, professeur d'éducation physique devrait aborder les questions concernées par la santé en vue de stimuler la promotion de la qualité de vie et rendre l'élève capable de connaître et prendre soin de votre propre corps, une réflexion sur les leurs pratiques et de santé valorisant. Dans ce contexte, l'objectif de l'étude était de déterminer si l'approche est préoccupé par les problèmes de santé peuvent réduire l'indice de masse corporelle, afin d'encourager la pratique d'activité physique régulière et l'amélioration des habitudes alimentaires des élèves. Nous utilisons la mesure de l'indice de masse corporelle de classer l'état nutritionnel des élèves et ensuite appliqué un questionnaire visant à l'activité physique et les habitudes alimentaires. L'intervention a été en traitant des sujets divers, axé sur la santé. Grâce à une réévaluation de l'IMC et le questionnaire, nous avons conclu que l'éducation sanitaire donne des résultats significatifs dans l'amélioration de la qualité de vie.

MOTS-CLÉS: activité physique, la santé, la qualité de vie.

RESUMEN:

Crecimiento experimentado en la sociedad actual de las enfermedades crónicas no transmisibles y los trastornos alimentarios en la población joven, debido a la inactividad física, malos hábitos alimenticios y la influencia de los medios de comunicación, ahora se considera alentador el nivel de los ideales de belleza, a veces aumentando el consumo de alimentos y prácticas de alto contenido calórico y bajo contenido de nutrientes. Dadas las dificultades para cambiar el estilo de vida de la joven profesor de educación física debe abordar las cuestiones relacionadas con la salud con el fin de estimular la promoción de la calidad de vida y hacer que el estudiante sea capaz de conocer y cuidar de su propio cuerpo, lo que refleja en el sus prácticas y la valoración de la salud. En este contexto, el objetivo del estudio fue determinar si el enfoque se ocupa de cuestiones de salud puede reducir el índice de masa corporal, para fomentar la práctica de actividad física regular y mejorar los hábitos alimenticios de los estudiantes. Nosotros usamos la medida de índice de masa corporal para clasificar el estado nutricional de los estudiantes y luego se aplicó un cuestionario orientado a la actividad física y hábitos alimenticios. La intervención fue por tratar diversos temas, enfocados en la salud. A través de una nueva evaluación de índice de masa corporal y el cuestionario, llegamos a la conclusión de que la educación de la salud obtienen resultados significativos en la mejora de la calidad de vida.

PALABRAS CLAVE: actividad física, la salud, la calidad de vida.

IMC E HÁBITOS SAUDÁVEIS: A ABORDAGEM DE TEMAS VOLTADOS À SAÚDE PODE MUDAR A REALIDADE?

RESUMO:

Presenciamos na sociedade atual o crescimento das doenças crônicas não-transmissíveis e dos transtornos alimentares na população juvenil, decorrente da inatividade física, dos maus hábitos alimentares e da influência da mídia, ora incentivando padrões de beleza considerados ideais, ora intensificando o consumo de lanches rápidos e práticos com alto teor calórico e pobre em nutrientes. Diante das dificuldades na mudança dos hábitos de vida dos adolescentes o professor de educação física deve abordar temas voltados à saúde, a fim de estimular a promoção da qualidade de vida e tornar o aluno capaz de conhecer e cuidar do seu próprio corpo, refletindo sobre as suas práticas e valorizando a saúde. Diante deste contexto, o objetivo do estudo foi verificar se a abordagem de temas voltados à saúde é capaz de reduzir o índice de massa corporal, de estimular a prática regular de atividades físicas e a melhora dos hábitos alimentares dos alunos. Utilizamos a medida do índice de massa corporal, para classificar o estado nutricional dos alunos e em seguida aplicamos um questionário voltado à prática de atividades físicas e aos hábitos alimentares. A intervenção ocorreu através da abordagem de temas variados, voltados à saúde. Através de uma reavaliação do IMC e do questionário aplicado, concluímos que a educação para a saúde produz resultados significativos para a melhora da qualidade de vida.

PALAVRAS-CHAVE: atividade física, saúde, qualidade de vida.