140 - DIFFERENCE OF PERCEPTION OF THE QUALITY OF LIFE OF ADULTS PRACTITIONERS AND NON-PRACTITIONERS OF PHYSICAL ACTIVITY

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INTRODUCTION

Currently, considering all the studies that prove the benefits of regular physical activity for the life of the human being in its various aspects, it becomes worrying the number of people living in the country and in the world. In Brazil, only 10 of the population practice regular physical activity and about 20 does not practice physical activity at all. (BRAZIL, 2010).

Physical activity is defined as any bodily movement with energy expenditure above resting levels, including daily activities such as bathing, dressing up; work activities, such as walking, load; and leisure activities such as exercising, playing sports, dancing, etc. (AGUILAR and AGUILAR, 2000 apud FERREIRA et al, 2009). The practice of physical activity can infiuenciar in biological, psychological and social development of a person, allowing an improvement in health and quality of life. (FERREIRA et al, 2009)

The quality of life, independent of the subject to be approached, is something relative, subjective and difficult concept and definition, moreover, depends on intrinsic and extrinsic factors, from those of everyday life of the individual, their habits and lifestyle. However it is possible to understand the quality of life despite their various dimensions of approaches.(INTERDONATO;GREGUOL .2010)

The World Health Organization (who) defines quality of life as the individual's perception of their position in life, in the context of culture and value system in which he lives, considering your goals, expectations, standards and concerns. (BRAZIL, 1994)

The regular practice of physical activities encompasses several benefits in addition to the physical aspect. Numerous studies have addressed and confirmed the importance of the regular practice of physical activity as a means of preventing disease associated with sedentary lifestyle. (NOCE et al, 2009)

Samulski and Noce (2000, apud NOCE et al, 2009) noted that, when it comes to human beings, it is necessary to bear in mind their social and biopsíquicas relations, taking into account your mental health and your quality of life which refers to the degree of satisfaction with the multiple aspects of your life.

The concept of quality of life has been discussed since 1970 and through these discussions over the years he has become increasingly comprehensive contained in a perspective of multifactorial vision related to self-esteem and personal well-being submitted to multiple aspects with variables such as socioeconomic status, culture, emotional state.(SELVATICI et al, 2011)

Physical training has been considered an important non-pharmacological therapeutic scheme for the treatment and prevention of various diseases including cardiovascular disease, joint problems, psychological disorders among others. (EBRAHIM et al, 2010)

Quality of life is a factor directly connected to that context, being one of those responsible for the increase or decrease in the longevity of the population. The concern to maintain habits to ensure a healthy life generates a new awareness. Physical activities are important for achieving the desired pattern on certain aspects of the functional autonomy and quality of life of the population. (EBRAHIM et al, 2010)

Physical activity contributes to the increase in life satisfaction, perceived health, mental health, cognitive functions, self-esteem and sense of self-efficacy (OKUMA, 1997 apud of VITTA et al, 2006).

The beneficial effects of regular practice of physical activity are not restricted only to functional and mental-physical field of individuals, improving the functional, social performance, maintaining and promoting the independence and autonomy of the same as they age (OYUNAA Z et al., 2007 apud BARBOSA et al, 2008).

The practice of physical activity is of great importance to the individual as a whole, both for the body and for the mind. Physical activity improves respiratory condition; also improves cardiovascular fitness, mental and muscular, leaving him more active, thereby avoiding muscular fatigue.(FEUSER; JUNIOR .2007)

Several studies have pointed to the relative lack of physical activity as a factor of negative influence on the health condition causing increasing susceptibility to diseases. According to Bauman, Craig (2005, apud CIELASK et al, 2007) and Hallal et al. (2005, apud CIELASK et al, 2007), the low rates of physical activity arising from recent decades could be one of the main risk factors associated with cases of morbidity and mortality by increasing the incidence of chronic degenerative diseases, mental disorders and premature death. (CIELASK et al 2007)

According to Fisher (2002, apud FEUSER; JUNIOR .2007) exercise has beneficial effects on a wide variety of features of quality of life (e.g. cardiovascular and muscular fitness, self-concept, moods, fatigue), regardless of exercise prescription.

Physical activity provides many health benefits. Being physically active can help individuals to maintain a healthy weight and therefore reduces the risk for obesity. Physical activity is also associated with a lower risk for developing heart disease, type 2 diabetes, some types of cancer, high blood pressure and osteoporosis. It was also proven that physical activity can improve mental health and quality of life. Experimental studies have shown that exercise interventions to relieve symptoms of depression and anxiety. (HEINRICH, 2009)

From the search for the ideal quality of life becomes essential to the study of determinants of health in order to better understand this concept used as a synonym for health condition and that has been shown to be more and more comprehensive and relative. (CIELASK et al 2007)

The objective of this study is to investigate and differentiate the perception of quality of life of regular physical activity for health promotion and sedentary adults of both sexes, at the age of 21 years on, passers-by in public and private places, through validated instrument (WHOQOL and IPAQ) addressing the nutritional aspects, social, cognitive and family.

MATERIAL AND METHOD

The present study is characterised by qualitative and descriptive template field. According to Thomas and Nelson (2002), this type of study has many variables where there are no preconceived assumptions and aims to interpret the phenomenon that observes with emphasis on induction.

Taxable participants totaled 56 adult individuals from 21 years of both sexes, residents of Rio de Janeiro municipality in neighbourhoods in North and West.

All subjects agreed to participate in this study were informed of the entire procedure of the proposed research, and signed the Term of Participation Allowed in research according to the Ordinance. 196 of 10/10/1996 of the National Council of health (BRAZIL .1996)

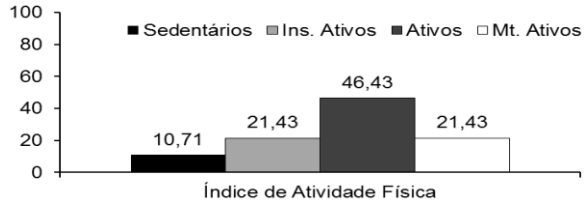
As an instrument of data collection were used two types of questionnaires validated that constitute the IPAQ and the WHOQOL short version (Annex II) which cover respectively the issues regarding the level of physical activity and perceptions of quality of life.

The result of this data-gathering was found from a descriptive statistics to further triangulation and data interpretation. (MARTIN; ANDRÉ, 1986).

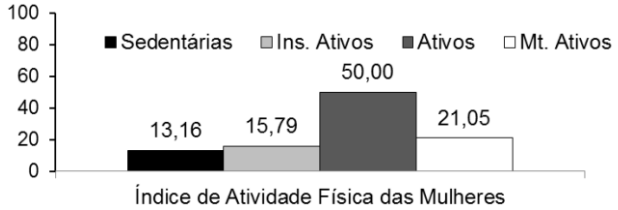
RESULTS

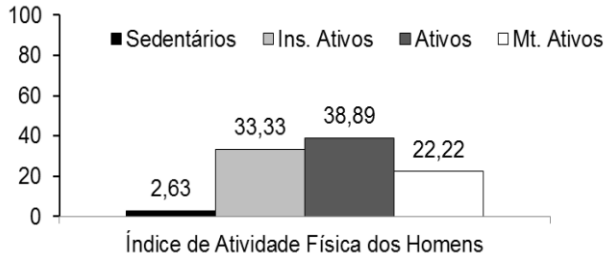
The study was attended by 56 participants, of both sexes, with ages ranging from 21 to 84 years (mean, 45.61). Of the total of individuals evaluated, 18 were male with an average age of and ± 42.2 years and 38 were female with mean age ± 43.8 years.

The General physical activity index of the Group was predominantly Assets totaling ± 46.43%, followed by equal percentage ± 21.43% to very active and Insufficiently active. Individuals classified as Sedentary were the minority group with ± 10.71%.

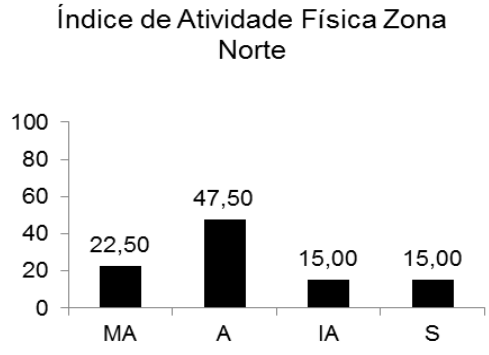


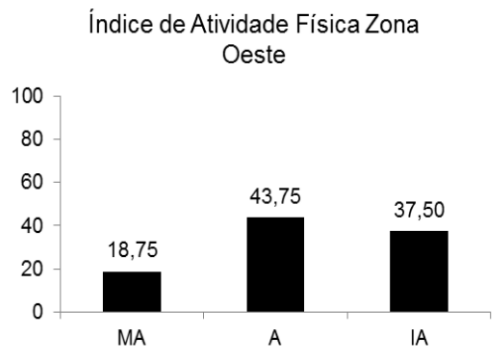
Individuals also have been classified separately by sex and area (North and West) for better organization and interpretation of the data. The women's physical activity index was considerable positively so that ± 50 were classified as active, ± 21.05% very active, ± 15.79% Insufficiently active and only ± 13.16% sedentary. The physical activity index of men was lower than that of women in the classification of assets with more or less Sedentary and 38.89 with higher percentage showing only ± 2.63% in Insufficiently active item with ± 33.33% and difference irrelevant in very active item with ± 22.22%. The sum of the items women predominant in number, presented activity index greater than men, contradicting studies of Rao et al (2010) where the men even in lower number are most active. However, if it is assessed separately the item Sedentary, men have values less than going against the Health Ministry surveys of 2011 indicating that the percentage of men in sedentary society in General is less.





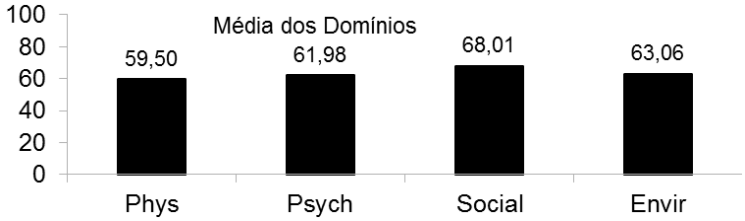
To be divided by the overall physical activity levels of the group have tabled amendments especially in Insufficiently active and sedentary. In the northern zone ± 45 40% group individuals of both sexes were classified as active, very active and ±22.5% equal percentages of ± 15% to Insufficiently active and sedentary. In the West zone ± 50% of 16 individuals of both sexes were classified as active, ± 18.7% very active and ± 37.5% Insufficiently active. The Group has not presented the classification of sedentary. The sum of the values in individuals from the northern zone had higher physical activity index, a fact that may be related to demographic indicators (age and income) and situational factors (family obligations, education and leisure types) as concerns the study of the Shah et al (2010).



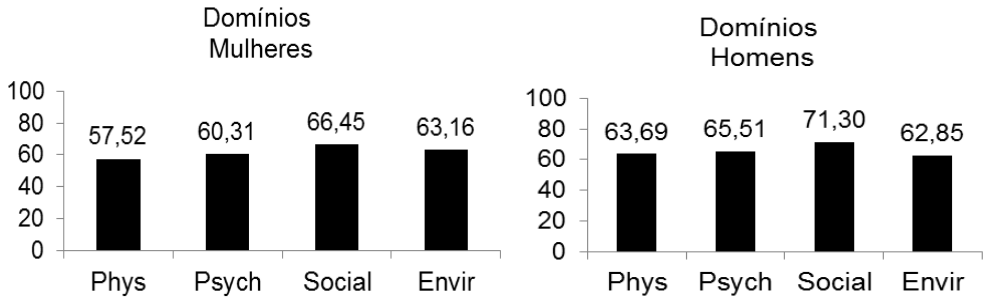


The WHOQOL-BREF questionnaire used, consisting of 26 questions taken from the instrument initially drafted WHOQOL-100, assessed the perception of quality of life of individuals through psychometric answers questions based on Likert type scale 1 to 5 comprised of ordinally addressing the Physical domains (mobility, energy, fatigue and work ability), psychological (self-esteem, positive and negative feelings), social Relationship (sexual activity, personal relationships and social support) and environment (financial resources, home environment, health and social care).

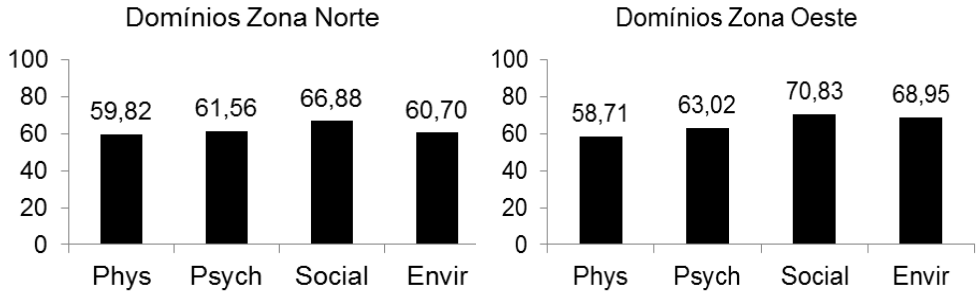
According to the scale proposed by Spinola and Pereira (apud 1976 Mark et al, 2010) the classification scores 0-100 is characterized between 0 and 40 as "failure"; between 41 and 70, "blurring"; and over 71, "success". In the analysis of the results the subject presented balanced scores characterized as vagueness in all domains in the evaluation of quality of life, having achieved lower Physical domain with ± 59.5% and greater value the Social domain with ± 68% presenting itself as important positive quality of life for individuals agreeing to the studies of Gonzalez (2010) who also thinks higher values in the Social field. The average of the scores obtained in each domain of the quality of life is presented in Figure 6, where you can see that the variance between the psychological areas averaging + 61.9% and environment with ± 63% was minimal in relation to both and to the other domains.



The comparison of averages between the sexes differed little from the overall average of the group, keeping the Social and physical areas with highest and lowest score respectively characterizing uncertainty in all areas. However, the men showed lower values only in the environmental domain indicating the sum of the values of all fields a perception of quality of life higher than women of the studied group featuring success only Social and the other as blurring. This finding agrees with the studies of Mark et al (2010) which is the largest vessel in the physical and psychological domains in men noting a better quality of life for women as well as studies carried out by Izutsu et al. and Cieslak



In comparison by area, the West presented General value higher, however, the values have remained constant in relation to higher and lower average of domains in both areas characterized as blurring. Considerable variation was observed in the field environment which showed variation greater than ± 8% in the West. The domain environment is composed of facets which address health care issues, workplace, leisure-related dissatisfaction, among other variables. This result can be linked to infrastructure conditions and purchasing power of each zone, highlighting the need for greater investment on the part of the Government to improve the conditions that influence environmental factors.



When comparing the rates of physical activity and perception of quality of life of the zones it is possible to observe that even with lower physical activity level, the West side has higher values in the evaluation of quality of life. When comparing sexes, women showed a higher rate of physical activity and lower values of quality of life compared to men. These results contradict the rabbit studies et al (2009) that are larger values of quality of life for predominantly active groups, however, this same study included active and sedentary men and women of equal percentage in number and classification.

CONCLUSION

The results obtained suggest that the rate of physical activity in relation to the level of perception of quality of life is not a determining factor in the increased values of areas and varies according to the population of each region.

The relationship of the results of the study does not rule out the relevance of the practice of everyday life activity of an individual, but stresses the importance of a more specific interference by government authorities, through greater investments in education and infrastructure of each region and of health professionals in order to raise awareness and encourage the population in relation to physical activity and adopt a healthy lifestyle to the increase in the perception of the quality of life of each population.

It is essential to emphasize the need to search more deeply about the subject including other aspects for the better observation of the results and the rise of comprehensive data so as to extend and specify the actions requested in each region.

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DIFFERENCE OF PERCEPTION OF THE QUALITY OF LIFE OF ADULTS PRACTITIONERS AND NON-PRACTITIONERS OF PHYSICAL ACTIVITY

ABSTRACT

The World Health Organization (who) defines quality of life as the individual's perception of their position in life, in the context of culture and value system in which he lives, considering your goals, expectations, standards and concerns. (BRAZIL, 1994). The regular practice of physical activity covers benefits in addition to the physical aspect. Studies have discussed and demonstrated the importance of regular practice of physical activity as a means of preventing disease associated with sedentary lifestyle. (NOCE et al, 2009). The objective of this study was to investigate and differentiate the perception of quality of life of regular physical activity for health promotion and sedentary adults of both sexes, at the age of 21 years on, residents of Rio de Janeiro in areas north and West. The General physical activity index of the Group was predominantly active (± 46.43) the WHOQOL-BREF questionnaire used evaluated the perception of quality of life of individuals, where the average of the scores obtained in each domain of the quality of life is presented in Figure 6, where you can see that the variance between the psychological areas averaging 61.9 and environment with ± ± 63 was minimal in relation to both and to the other domains. The results obtained suggest that the rate of physical activity in relation to the level of perception of quality of life is not a determining factor in the increased values of areas and varies according to the population of each region. The relationship of the results of the study does not rule out the relevance of the practice of everyday life activity of an individual, but stresses the importance of a more specific interference by government authorities, through greater investments in education and infrastructure of each region and of health care workers.

KEYWORDS: quality of life; IPAQ; WHOQOL-BREF.

DIFFÉRENCE DE PERCEPTION DE LA QUALITÉ DE VIE DES ADULTES PROFESSIONNELS ET NON PROFESSIONNELS DE L'ACTIVITÉ PHYSIQUE

RÉSUMÉ

L'OMS (OMS) définit la qualité de vie comme la perception de leur position dans la vie, dans le cadre du système de culture et de la valeur dans laquelle il vit, compte tenu de vos objectifs, les attentes, les normes et les préoccupations de l'individu. (BRÉSIL, 1994). La pratique régulière d'activité physique couvre les prestations en plus de l'aspect physique. Des études ont discuté et ont démontré l'importance de la pratique régulière d'activité physique comme moyen de prévention des maladies associées au mode de vie sédentaire. (NOCE et al, 2009). L'objectif de cette étude était d'enquêter et de se différencier de la perception de la qualité de vie de l'activité physique régulière pour la promotion de la santé et les adultes sédentaires des deux sexes, à l'âge de 21 ans plus tard, les habitants de Rio de Janeiro dans les zones nord et ouest. L'indice de l'activité physique générale du groupe était principalement actif (± 46,43) le questionnaire WHOQOL-BREF évalué la perception de la qualité de vie des individus, où la moyenne des scores obtenue dans chaque domaine de la qualité de vie est présentée à la Figure 6, où vous pouvez voir que l'écart entre les domaines psychologiques, avec une moyenne de 61,9 et environnement avec ± ± 63 était minime par rapport à tous les deux et aux autres domaines. Les résultats obtenus suggèrent que le taux d'activité physique par rapport au niveau de la perception de la qualité de vie n'est pas un facteur déterminant dans les valeurs accrues des zones et varie en fonction de la population de chaque région. La relation entre les résultats de l'étude n'exclut pas la pertinence de la pratique de l'activité de la vie quotidienne d'un individu, mais souligne l'importance d'une intervention plus précise par les autorités gouvernementales, à investir davantage dans l'éducation et l'infrastructure de chaque région et des travailleurs de la santé.

MOTS-CLÉS: Qualité de vie ; IPAQ ; WHOQOL-BREF.

DIFERENCIA DE PERCEPCIÓN DE LA CALIDAD DE VIDA DE ADULTOS PRACTICANTES Y NO PRACTICANTES DE ACTIVIDAD FÍSICA

RESUMEN

La organización de salud mundial (OMS) define la calidad de vida como la percepción del individuo de su posición en la vida, en el contexto del sistema de cultura y valores en que vive, teniendo en cuenta sus objetivos, expectativas, normas y preocupaciones. (BRASIL, 1994). La práctica regular de actividad física cubre beneficios además del aspecto físico. Estudios han examinado y demostró la importancia de la práctica regular de actividad física como medio para prevenir enfermedades relacionadas con el estilo de vida sedentario. (NOCE et al., 2009). El objetivo de este estudio fue investigar y diferenciar la percepción de la calidad de vida de actividad física para la promoción de la salud y sedentarismo adultos de ambos sexos, a la edad de 21 años, los residentes de Río de Janeiro en las zonas norte y oeste. El índice de actividad física General del grupo era predominantemente activo (± 46,43) el cuestionario WHOQOL-BREF empleado evaluado la percepción de la calidad de vida de las personas, donde el promedio de los puntajes obtenido en cada dominio de la calidad de vida se presenta en la figura 6, donde se puede ver que la variación entre las áreas psicológicas, promediando 61.9 y entorno con ± 63 fue mínimo en relación con ambos y a los otros dominios. Los resultados obtenidos sugieren que la tasa de actividad física en relación con el nivel de percepción de la calidad de vida no es un factor determinante en los valores de las áreas y varía según la población de cada región. La relación de los resultados del estudio no descarta la importancia de la práctica de la actividad de la vida cotidiana de un individuo, pero subraya la importancia de una injerencia más específica por las autoridades de Gobierno, a través de mayores inversiones en educación e infraestructura de cada región y de los trabajadores sanitarios.

PALABRAS CLAVE: calidad de vida; IPAQ; WHOQOL-BREF.

DIFERENÇA DA PERCEPÇÃO DA QUALIDADE DE VIDA DE ADULTOS PRATICANTES E NÃO PRATICANTES DE ATIVIDADE FÍSICA

RESUMO

A Organização Mundial da Saúde (OMS) define qualidade de vida como a percepção do indivíduo de sua posição na vida, no contexto da cultura e do sistema de valores nos quais ele vive, considerando seus objetivos, expectativas, padrões e preocupações. (BRASIL, 1994). A prática regular de atividade física abrange benefícios além do aspecto físico. Estudos têm abordado e comprovado a importância da prática regular de atividade física como meio de prevenção de doenças associadas ao sedentarismo. (NOCE et al, 2009). O objetivo do estudo foi investigar e diferenciar a percepção da qualidade de vida de praticantes de atividade física regular para promoção da saúde e sedentários adultos, de ambos os sexos, na faixa etária de 21 anos em diante, residentes do Rio de Janeiro nas zonas Norte e Oeste. O índice de atividade física geral do grupo foi predominantemente Ativos (±46,43%)O questionário utilizado WHOQOL – BREF avaliou a percepção da qualidade de vida dos indivíduos, onde a média dos escores obtidos em cada domínio da qualidade de vida é apresentada na figura 6, onde é possível observar que a variação entre os domínios psicológico com média de ± 61,9% e meio ambiente com ± 63% foi mínima em relação a ambos e aos demais domínios. Os resultados obtidos sugerem que o índice de atividade física em relação ao nível de percepção de qualidade de vida não é fator determinante no aumento dos valores dos domínios e varia de acordo com a população de cada região. A relação dos resultados do estudo não exclui a relevância da prática de atividade de vida no cotidiano de um indivíduo, mas ressalta a importância de uma interferência mais específica por parte das autoridades governamentais através de maiores investimentos na infraestrutura e educação de cada região e dos profissionais da área da saúde.

PALAVRAS-CHAVE: Qualidade de vida; IPAQ; WHOQOL-BREF.