168 - PERCEPTION OF THE QUALITY OF LIFE AND STYLE OF LIFE OF PRACTICING BLIND PEOPLE OF PHYSICAL ACTIVITY BY MEANS OF APPLICATION OF QUESTIONNAIRES WHOQUOL-BREF AND NAHAS

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INTRODUCTION

The history of a person with visual deficiency changes with each culture and reflects beliefs, values and ideologies that when we put in social practices, establish different ways of relationship between this people and others, with or without this deficiency. (FRANCO E DIAS, 2005)

Maturana (2004), considers blind people, individuals that present since the total or partial absence vision. This loss of the vision can occur in two ways. The first one is when the child already born without the vision, called congenital visual deficiency, that can be recurrent of rubeola maternal, toxoplasmosis maternal, congenital syphilis, consanguinity, hereditary succession. The child grows without having experience, memory or visual images, as well as, do not have slight knowledge of object permanence and as they distribute themselves in the Euclidean space. It depends on the other directions, in special of the hearing and the tact so that they can start to form mental images. And the second way, is when the child born with the vision and during its trajectory acquired the blindness, called acquired visual deficiency, that can be proceeding from infectious illnesses, traumas, glaucoma, cataracts, diabetes, tumors, retinoplasty. In the second, type the child already holds back visual images. The difficulties in the development of the blind child in infancy take the delayed entrance for the school.

NAHAS (2006) studied the quality of life leading in consideration the necessity of analysis of the style of life of the individuals. This style reflects as a person if it holds in relation to the way where she is inserted. For example, to have a good life style it would be necessary to practice sports, to have a good feeding, a good construction of the corporal image, good social relationship, not to have high levels of stress. However, an individual can present all these parameters and not be well psychologically, what it would cause the acquisition of a quality of non-satisfactory life. To have an adequate life style, can generate as good consequence quality of life as well as having an unsatisfactory style of life can or not be considered a good opportunity of good quality of life.

According to Bittencourt & Hoehne (2006), the evaluation of the quality of life comes growing in importance as measured in the evaluation of therapeutically intervention, of services and of the practical assistance of health and the politics you publish for the sector in the field of the promotion of the health. OMS (1995) defines quality and life as "the perception of the individual of its position in the life, in the context of the culture and the system of values where it lives in relation to its objectives, expectations, standards and perceptions".

The different concepts on quality of life are presented to the population by means of the media for all the social classrooms and to the population in general. Thus being, we can observe, the increasing valuation of the person with deficiency through the physical activity and of the sport.

Talking about the classification of the visual **acuidade**, this is according to OMS (World-wide Organization of Health - 2001) divided in three categories in the three first ones is the people with low appearance that goes of **acuidade** of 6/18 up to 6/60, second it goes of 6/60 up to 9/60 and third of 3/60 up to 1/60; in the second you finish fit the blindness (inside of fourth it is presented visual **acuidade** of 1/60 until luminous perception and the last one does not present luminous perception). However it is important to stand out that the person who has lost the vision of only one of the eyes will be classified as deficient appearance (KEYS, 2006 apud GIL, 2001).

In that he refers to the competitions destined to the people with deficiency, the athlete with Visual Deficiency passes for a functional classification whose objective is to identify its level of visual **acuidade**, that Menescal (1994) divides in B1 the individual with total deficiency visual, total blind or with minimum of residue, B2 the individual with sub-normal or partial visual deficiency and B3 the individual with visual deficiency with possible correction.

OBJECTIVE

This study aims to investigate as the visual deficient athlete if it perceives in the society as to be capable, through the evaluation it its Style and Quality of Life.

METODOLOGY

The present study was characterized descriptive, according to Thomas Nelson (2006), "the descriptive research is related with the status. Many techniques of the descriptive research, most preponderant are the questionnaire. Other forms include the interview, the normative survey, the case study, analyze it of work, and analyze it documentary, the development studies and the studies you correlate."

The present study takes care of the Norms for the Accomplishment of Research in Human beings, Resolution 196/96, of the National Advice of Health of 10/10/1996.

All the participants of the study had agreed to signing the Term of Assented Participation (contend objective of the study, procedures of evaluation, character of voluntarily of the participation of the citizen and exemption of responsibility on the part of the appraiser). Moreover, also a Term of Information to the Institution in which was elaborated the study, with same items of the term of assented participation.

The deficient appearances had been selected in intentional way in an Institute of Education for deficient appearances managed by the government it Ministry of Education it Brazil, where 14 visual deficient athletes had been interviewed, 6 of them had acquired the deficiency after some accident or illness, having been 9 athletes of swimming, 2 of **atletismo**, 2 of soccer, 1 athlete who practices goal ball and rows, being that two of the 9 swimming athlete practice other modalities 26,94±7,07. It was used as instrument the questionnaires WHO-BREF(2005) composition for 26 questions, being two general questions of quality of partner-cultural and ambient the 24 life and excessively the 24 represent each one of facets that it composes the original instrument and also considered a set of individual parameters, that characterize the conditions where the person with visual

deficiency lived. The general average of the 6 domains was used as classificatory parameter, understanding this average as value of classification, being this equal greater or the 14 (Q.V = Enough) and minor of whom 14 (Q.V = Insufficient). E the STYLE OF NAHAS LIFE (2006), thus forming the Pentacles of Wellness formed from the answers to the closed questions that involve five components: nutrition, physical activity, preventive and historical behavior familiar e, relationships have controlled of stress. Material used for the research was A4 leaf, espherografic pens and plane table.

ANALISYS AND DISCUSSION OF THE RESULTS

Analyzing the corresponding answers to the Profile of the Style of Life of Nahas, the calculation of the Fashion was used as statistics. In accordance with the analyzed components, are observed in the figure (A) that refers to the component Physical Activity and Relationship, the evaluated ones had attributed the maximum value for each answered question, already the component Nutrition, Preventive Behavior and Control of the Stress, had been observed that in the component nutrition, what could come to the meeting of the social condition and habit to ingest greasy foods instead of fruits and legumes of each evaluated, the preventive behavior had a positive point where habits as to smoke and to ingest alcoholic beverage are not part of the style of life of these evaluated. In relation to the control of stress non of the evaluated ones reserves at least 5 minutes per day to relax, a sufficiently excellent factor for the increase of stress to the end of the day.

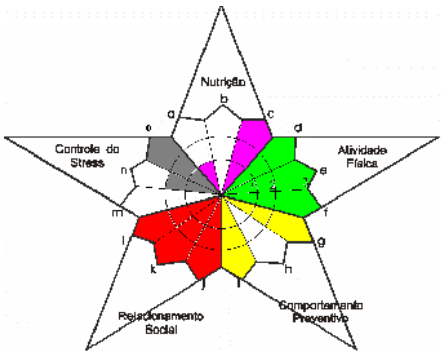


Figure (A): Pentacle of Nahas

Already in relation to the WHO-BREF it prices (1) the values above of 14 are considered good and below they are considered bad (Fleck), in that it refers to the physical component, psychological and social, the evaluated ones had attributed the value considered good for each question answered (17,06) for the physical component, (16,71) for psychological component and 16,95 (for the social component), therefore they become related well with any person, practice activities that they like, present positive feelings and negative, they possess a good memory. On the other hand, the component environment (13,29) was considered a bad value, a time that the place where they live is considered good under the perception of the same ones, therefore does not see it thus and they cannot observe with its proper eyes, creating an image of the environment from the way as who can see describes it.

Domains	Physic	Psychological	Social	Ambient
Media	17,06	16,71	16,96	13,29
Desvio-padrão	1,45	1,62	1,84	1,35

Table 1: Averages of the domains

CONCLUSIONS AND RECOMMENDATIONS

In relation to the quality of life only the Ambient domain was considered insufficient, a time that the place where they live is considered good under the perception of them. Already the Style of life in that it refers to the component Physical Activity and Relationship, the evaluated ones had attributed the maximum value for each answered question, already the component Nutrition, Preventive Behavior and Control of the Stress, had been observed that in the component nutrition what could come to the meeting of the social condition and habit to ingest greasy foods instead of fruits and legumes of each evaluated, the preventive behavior had a positive point where habits as to smoke and to ingest alcoholic beverage are not part of the style of life of these evaluated. In relation to the control of stress non of the evaluated ones reserves at least 5 minutes per day to relax, a sufficiently excellent factor for the increase of stress to the end of the day.

Recommending more studies with visual deficient people using the method brail for better agreement and understanding of the same ones, and also to approach people with other types of deficiencies also, aiming at to socialize and to integrate carrying people of deficiencies.

This work does not aim to find undisputed answers, it definitive considers to be way and not place, where it can be one of many others that from today on summer the deficient appearance with a new approach.

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PERCEPTION OF LIFE QUALITY AND LIFE STYLE OF BLIND PEOPLE WHO PRACTICE PHYSICAL ACTIVITY BY USING THE ANSWERS TO THE WHOQOL-BREF AND NAHAS INSTRUMENTS

ABSTRACT:
The concern with the quality of life comes gaining visibility with the media and with the increase of physical activity programs it brings the idea of Quality of Life. The gift had as objective to evaluate the auto-perception of the profile of the life style individually (Nahas, 2006), and the quality of life (WHOQOL _ Brief) of 14 athletes with visual deficiency, of an institution of governmental of Education for Deficient Appearances of the Ministry of Education with average age 26,94±7,07. The athletes had been selected in intentional way, had been used as instrument the questionnaires WHO-BREF(2005) composition for 26 questions, being two general questions of quality of partner-cultural and ambient the 24 life and excessively the 24 represent each one of facets that it composes the original instrument and also considered a set of individual parameters, that characterize the conditions where the person with visual deficiency lived. The general average of the 6 domains was used as classificatory parameter, understanding this average as value of classification, being this equal greater or the 14 (Q.V = Enough) and minor of whom 14 (Q.V = Insufficient). E the STYLE OF NAHAS LIFE (2006), thus forming the Pentacle of wellness formed from the answers to the closed questions that involve five components: nutrition, physical activity, preventive and historical behavior familiar e, relationships have controlled of stress. KEY-WORDS: Blind people; Life Style; Life Quality.

PERCEPTION DE QUALITÉ DE LA VIE ET STYLE DE VIE D'ACTIVITÉ PHYSIQUE DE PERSONNES DE PRATIQUE EN MATIÈRE SANS VISIBILITÉ D'OMS EN EMPLOYANT LES RÉPONSES AUX INSTRUMENTS DE WHOQOL-BREF ET DE NAHAS

RESUME:
Le souci avec la qualité de la vie vient gagnant la visibilité avec les médias et avec l'augmentation des programmes physiques d'activité il apporte l'idée de la qualité de la vie. Le cadeau a eu comme objectif pour évaluer l'automobile-perception du profil du style de vie individuellement (Nahas, 2006), et qualité de la vie (dossier de WHOQOL _) de 14 athlètes avec l'insuffisance visuelle, d'un établissement de gouvernemental de l'éducation pour des aspects déficients du ministère de l'éducation avec l'âge moyen 26,94±7,07. Les athlètes avaient été choisis de la manière intentionnelle, avaient été employés comme instrument la composition en OMS-BREF(2005) de questionnaires pour 26 questions, étant deux questions générales de qualité d'associé-culturel et d'ambiant les 24 vies et excessivement le 24 représente chacune de facettes cela qu'il compose l'instrument original et a également considéré un ensemble de différents paramètres, qui caractérisent les conditions où la personne avec l'insuffisance visuelle a vécu. La moyenne générale des 6 domaines a été employée en tant que paramètre classificatory, arrangement cette moyenne comme valeur de classification, étant ce plus grande égal ou les 14 (Q.V = assez) et le mineur dont 14 (Q.V = insuffisant). E le MODÈLE DE LA VIE de NAHAS (2006), de ce fait formant le Pentagramme de la santé a formé des réponses aux questions fermées qui impliquent cinq composants : la nutrition, le comportement d'activité, préventif et historique physique e familier, rapports ont commandé de l'effort.
MOTS-CLES: Personnes aveugles ; Style de Vie ; Qualité de la Vie

OPINIÓN DE LA CALIDAD DE LA VIDA Y ESTILO DE VIDA DE LA GENTE OCULTA QUE HACE LA ACTIVIDAD FÍSICA USANDO LAS RESPUESTAS A LOS INSTRUMENTOS DE WHOQOL-BREF Y DE NAHAS

RESUMEN:
La preocupación con la calidad de la vida viene ganando visibilidad con los medios y con el aumento de los programas físicos de la actividad trae la idea de la calidad de la vida. El regalo tenía como el objetivo para evaluar la automo'vil-opinio'n del perfil del estilo de vida individualmente (Nahas, 2006), y la calidad de la vida (escrito de WHOQOL _) de 14 atletas con deficiencia visual, de una institución de gubernamental de la educación para los aspectos deficientes del ministerio de la educación con la edad media 26,94±7,07. Habían seleccionado a los atletas de manera intencional, habían sido utilizados como instrumento la composición del WHO-BREF(2005)-BREF(2005) de los cuestionarios para 26 preguntas, siendo dos cuestiones generales de la calidad de socio-cultural y de ambiente las 24 vidas y el 24 representa excesivamente cada de facetas eso que compone el instrumento original y también que consideraba un sistema de los parámetros individuales, que caracterizan las condiciones donde vivió la persona con deficiencia visual. El promedio general de los 6 dominios fue utilizado como parámetro classificatory, entendiendo este promedio como valor de la clasificación, siendo este mayor igual o los 14 (Q.V = bastantes) y el menor de edad de los cuales 14 (Q.V = escaso). E el ESTILO DE LA VIDA de NAHAS (2006), así formando el Pentacle de la salud formó de las respuestas a las preguntas cerradas que implican cinco componentes: la nutrición, el comportamiento físico e familiar, relaciones de la actividad, preventivo e histórico han controlado de la tensión.
PALABRAS-CLAVE: Calidad de la Vida; Estilo de Vida; Gente Oculta

PERCEPÇÃO DA QUALIDADE DE VIDA E ESTILO DE VIDA DE CEGOS PRATICANTES DE ATIVIDADE FÍSICA MEDIANTE APLICAÇÃO DOS QUESTIONÁRIOS WHOQUOL-BREF E NAHAS

RESUMO:
A preocupação com a qualidade de vida vem ganhando visibilidade com a mídia e com o aumento de programas de atividade física traz consigo a idéia de Qualidade de Vida. O presente teve como objetivo avaliar a auto-percepção do perfil do estilo de vida individual (Nahas, 2006), e a qualidade de vida (WHOQOL_ Bref) de 14 atletas com deficiência visual, de uma instituição do governamental de Educação para Deficientes Visuais do Ministério de Educação com idade média 26,94±7,07. Os atletas foram selecionados de maneira intencional, foram utilizados como instrumento os questionários WHO-BREF (2005) composto por 26 questões, sendo duas questões gerais de qualidade de vida e as demais 24 representam cada uma das 24 facetas que compõe o instrumento original e também considerou um conjunto de parâmetros individuais, sócio-culturais e ambientais que caracterizam as condições em que a pessoa com deficiência visual vivia. Utilizou-se como parâmetro classificatório a média geral dos 6 domínios, entendendo esta média como valor de classificação, sendo este maior ou igual a 14 (Q.V = Suficiente) e menor do que 14 (Q.V= Insuficiente.). E o ESTILO DE VIDA de NAHAS (2006), formando assim o Pentáculo do Bem-Estar formado a partir das respostas às perguntas fechadas que envolvem cinco componentes: nutrição, atividade física, comportamento preventivo e histórico familiar e, relacionamentos controle de stress.
PALAVRAS-CHAVE: Cegos; Estilo de Vida; Qualidade de Vida.