# 189 - COMPARATIVE STUDY IT ENTERS the STYLE OF LIFE And PROFILE ANTROPOMÉTRICO OF THREE ABORIGINAL COMMUNITIES Of the CITY OF MANACAPURU - AM

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## INTRODUCTION

The Brazilian indians first inhabitants of our lands, good before the settling for the Portuguese, lived in our forests in its tribes, and in 22 of April of 1500, he dates where our country was discovered, our Portuguese colonizadores if had come across with immense diversity, our natural beauties, the fauna and the indians, aspects never imagined by the Portuguese, had been evidenced, catalogued, divulged and explored, in benefit of the Portuguese crown, (SECRETARIAT OF EDUCATION OF São Paulo, 1975).

The first Brazilian states to be colonized had been of the coast, its proximity with the sea in such a way facilitated the arrival of the nobility, how much for the draining of merchandises, for caravelas in direction Portugal, by sea. The states of the interior of the country had been colonized later, beyond the difficulty of terrestrial access for the lack of roads, the fact of the distance of the coast and the forests of closed bush also made it difficult the access to these regions of the interior. It is esteem approximately existence of 220 aboriginal etnias in Brazil, gifts in practically all the States of the country.

The conditions of health of these peoples little are known, what it is also applied to the dimensions alimentary and nutricional. The current state of Amazon, for example, was part of the province of Grain-Pará, of where if it detached in 1850. In this State the presence of the Portuguese was small, the same happening with the one of the black, perhaps had this difficulty for the internalization in these regions more longínquas.

The caboclos (children of indians with whites) predominate in this region. In the ends of the passed century, the extration of the rubber brought great groups of people from the state of Ceará run away from dries of 1877. From there the term appeared, "the people from the state of Ceará of Amazon", that they had populated this area and they had caused the miscegenation between the northeasterns and the indians who inhabited there.

This presence of the together white man to the indians made with that some of our customs and culture, they had been passed of us for the indians, and in lesser scale of the indians for we, white men. Diverse authors: (Menegolla, 2006, Arruda, 2003, Leite, 2006, Cardoso, 2001) they credit that the influence of the white man with the indians can have caused diverse changes in the life style, how much to the customs, culture and until the beliefs. Changes in the diet, estresse psychological, sedentarismo, obesidade, hereditary succession and partner-economic changes have been considered contributing factors for this situation. Such fact can be exemplificado with the North American aboriginal population, where the cardiovascular illnesses if had become one of the main causes of mortality (Mendlein et al., 1997; Percy et al., 1997; Rhoades et al., 1987; Welty et al., 1995) apud (CARDOSO, 2001). In another Arruda study, 2003, verified that historicamente, are evidenced that the contact with the civilization provided gradual social changes and of behavior between the aboriginals, becoming them idle in the more natural food search and modifying in significant way its alimentary habits.

These phenomena had been followed of the appearance of frequent illnesses in the general population, as diabetes type II, degenerative chronic illnesses and the cancer. The diet was identified as probable responsible factor for the increase of the cases of cancer of the prostate, even so had some controversy on its possible causes, already she was claimed the association of this type of cancer with the rich diet in fat. In study carried through for (Leite, 2006) in the Xavante tribe of the Mato Grosso, the obesidade and the illnesses associates they are significant problems of public health in aboriginal groups of other parts of Americas, particularly in Canada and the United States. In situated aboriginal peoples in Brazil, despite the problem still not reaching the ratios verified between aboriginals of the North America, it has an increasing number of studies that point with respect to the emergency of the obesidade, diabetes mellitus cardiovascular type II and illnesses, that have in common the fact to be crossing deep alterations in its systems of subsistence, diet and standards of physical activity.

Studies with aboriginal populations have demonstrated the occurrence of increase of the cardiovascular illnesses, diabetes and mental upheavals in reason of the process of crisis of cultural identity and changes of habits, standing out themselves the alimentary ones. Although in these populations it comes being each more frequent time the detention of mannering changes and of cases of chronic illnesses after the contact with the population not-aboriginal, is still common the standard coexistence composed epidemiologist for infectum-contagious and carenciais illnesses (Bloch et al., 1993).

## OBJECTIVE

In study made with indians in the South of Brazil (Menegolla, 2006), it told that the determination of the health of this aboriginal people is non-separable of the process of settling of the South of Brazil and its consequences on the occupation of the land, the deterioration of the environment (deforestation, exhaustion of the land and the water sources, contamination for agrotóxicos) and the modification in the traditional way of aboriginal life (sedentarização, cristianização, dependence of manufactured goods - clothes, tools, utensils - and industrialized foods).

From the displayed one above, the main objective of this study was to verify in three aboriginal communities (Guiribé, Jatuarana, Sahu-apé) located in the city of Manacapuru in the State of Amazon, the antropométricos style of life and some parameters as: the IMC, % of fat and the RCQ of the indians of these communities. METHODOLOGY This study possible the participation of the author in the Rondon Project had, in the Operation Amazônia 2006, that it was carried through in the Legal Amazônia in the city of Manacapuru, Amazon. Form carried through one visits in each one of the three communities, of the located Guiribé next the urban zone, as well as the community of the Sahu-apé, and finally the community of the Jatuarana that if locates the 5 hours of boat of the urban center of Manacapuru, for the left edge of the River Solimões.

During the visits to the measures they had been carried through of the following form; each individual was interviewed for the appraiser, with the questionnaire of Style of Life of Nahas (the 2001), so that double interpretation or errors in the answers did not occur, interview had been carried only after through the antropométricas measures, with the authorization of the heads of each community.

For this study they had been used as protocol of measures; the Protocol of Pollock 7 folds (1993) to evaluate the percentage of fat, IMC de the Quetelet calculation carried through from the reason between the corporal mass and the stature to the square, the relation waist hip, calculated from the reason enters the circumference of the waist and the circumference of the

hip, suggested for Fernandes Filho(2003) and Hespanha(2004), and the questionnaire of Nahas(2001) evaluating the Style of Life of the indians of the visited communities.

The used materials had been; a compass of cutaneous folds Hascroft, a metallic trena Sanny to measure the corporal circumferences, a digital scale Camry for gauging of the total corporal mass and a current metric ribbon for verification of the total stature.

| | Sahu-apé | | | | Jatuarana | | | Guiribé | |
|---|---|---|---|---|---|---|---|---|---|
| **NUTRICION** | 0 | 0 | 3 | 1 | 0 | 1 | 1 | 3 | 1 |
| **ATIV. PHÍSICAL** | 0 | 0 | 3 | 0 | 0 | 0 | 3 | 1 | 3 |
| **COMP. PREV.** | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| **RELATIONSHIPS** | 3 | 3 | 3 | 3 | 1 | 2 | 3 | 3 | 3 |
| **CONTR. STRESS** | 3 | 0 | 3 | 2 | 0 | 2 | 3 | 3 | 0 |

Tabela1: Style of Life of the aboriginal communities.

| | Sahu-Apé | | | Jatuarana | | | Guiribé | | |
|---|---|---|---|---|---|---|---|---|---|
| | IMC | % G | RCQ | IMC | % G | RCQ | IMC | % G | RCQ |
| | 26,57 | 19,46 | 0,93 | 22,58 | 9,24 | 0,89 | 25,26 | 17,69 | 0,87 |
| MEN | 4,36 | 8,47 | 0,06 | 2,11 | 5,58 | 0,07 | 2,85 | 8,16 | 0,04 |
| | 30,67 | 24,51 | 0,99 | 25,33 | 17,61 | 0,98 | 29,22 | 28,93 | 0,92 |
| | 21,19 | 4,44 | 0,83 | 20,50 | 6,31 | 0,82 | 22,33 | 6,78 | 0,83 |
| | 25,57 | 31,47 | 0,79 | 20,19 | 24,97 | 0,79 | 27,92 | 26,40 | 0,79 |
| WOMEN | 6,29 | 8,48 | 0,04 | --- | --- | --- | 4,38 | 0,02 | 0,00 |
| | 36,50 | 44,36 | 0,85 | --- | --- | --- | 31,02 | 26,41 | 0,79 |
| | 18,94 | 20,59 | 0,73 | --- | --- | --- | 24,82 | 26,39 | 0,78 |

Tabela2: Average, shunting line standard, maximum and minimum respectively, of the IMC, percentage of fat and RCQ.

**QUARREL**

The results had shown what diverse studies of literature alerted, the marcante presence of the sedentarismo, the lack of care with the health, the preventive aspects that call the attention for the lack a service of health of quality for the indians of this region. They present good relationship in the community and a certain control to estresse it. Already the antropométricos parameters we verify the IMC was between normal and overweight in its majority, with some reaching obesidade degree 1 and degree 2, in the percentage of fat had gotten values next to the average in the classification, in the communities next to the city the results had been below of average, being Sahu-apé and Guiribé with bigger values of the three communities, already with better index of corporal fat it was of the Jatuarana, perhaps had in the distance and the access difficulty the city, only made for saw fluvial, either a factor to be considered in this aspect, unhappyly had evaluated limitations how much the number of, for we have an appraiser, and a certainty fails of communication between the city hall and the community, we got in the Jatuarana only one woman evaluated, had the failure in meeting of schedules, and in some cases not the permission on the part of the men and/or shame of the women, had the physical contact during the measures.

**CONCLUSION**

The chronic-degenerative illnesses come assuming, gradual, an important paper in the profile Brazilian epidemiologist in last the 50 years. Population inquiries have found raised prevalences of arterial hipertensão, being the cardiovascular illnesses the first cause of mortality in the country (MS, 1988) apud Bloch 1993.

In contrast of that it occurred with the infectum-contagious illnesses, the technological advances in the disgnostic and therapeutical methods for the chronic-degenerative illnesses had not had the impact waited in mortality for this group of illnesses in the last decades (MS, 1986). Thus, it is indispensable to associate with the new technologies of collective writs of prevention with the 0 variable weight and height, (BLOCH, 1993).

As mentioned in diverse studies in literature with Brazilian indians, it is credited that the approach of the white man and its culture had made with that some behaviors were absorbed by the indians, and other usual habits of the indians had been left of side, (CHAVES, 2006).

We conclude that independent of the proximity of the city or not, the politics of health of the region is deficient for the communities, an active style of life is far to be part of its routines as well as healthful habits of feeding, factors that will be able to acometer a risk increase the health of the same ones, Leite, (2006), still standes out that the partner-economic condition becomes a complicador factor for the treatment of the illnesses.

Problems politicians in the region with the bad distribution of mount of money for the areas of the aboriginal health, and the lack of professionals to take care of this demand, make it difficult the precocious diagnosis for the prevention, the treatment of illnesses. We recommend to greaters studies in this area, with the increase of the sample, a bigger number of appraisers to increase the efficiency of the evaluations and the search of other aboriginal communities for the study.

**REFERENCES**

ALLSEN, P.E.; HARRISON, J.M.; VANCE, B. **Exercício e Qualidade de Vida: uma abordagem personalizada**. 6ª.ed. São Paulo: Manole,2001

ARRUDA, H. O.; VIEIRA FILHO, J. P. B. **PSA e medidas antropométricas em índios da Amazônia: avaliação da comunidade Parkatejê.** Rev Saúde Pública 2003;37(5):624-8

BLOCH, K. V. et alii. **Pressão Arterial, Glicemia Capilar e Medidas Antropométricas em uma População Yanomámi.** Cad. Saúde Públ., Rio de Janeiro, 9 (4): 428-438, out/dez, 1993

BOURCHARD, C. **ATIVIDADE FÍSICA e OBESIDADE.** 1ª ed. São Paulo: Manole, 2003.

BRASIL. **Secretaria de Educação e Cultura do Estado de São Paulo. Governo do Estado de São Paulo.** Histórias, Costumes e Lendas. São Paulo: Editora Três, 1975

CARDOSO, A. M.; MATTOS, I. E. **Prevalência de fatores de risco para doenças cardiovasculares na população Guaraní-Mbyá do Estado do Rio de Janeiro.** Cad. Saúde Pública, Rio de Janeiro, 17(2):345-354, mar-abr, 2001

CHAVES M. B. G. **Implementação da política de saúde indígena no Pólo-base Angra dos Reis, Rio de Janeiro, Brasil: entraves e perspectivas.** Cad. Saúde Pública, Rio de Janeiro, 22(2):295-305, fev, 2006
COSTILL,D.L.;WILMORE,J.H. **Fisiologia do esporte e exercício**. 2ªed. São Paulo: Manole, 2003.
DIAS JUNIOR, Oswaldo L ; FEREIRA, Carlos Alberto ; MATTOS, V. L. . **Comparação entre o estilo de vida de crianças da Baixada Fluminense e da Barra da Tijuca - Estudo Piloto de Instrumento Adaptado.** The Bulletin FIEP, Foza do Iguaçu, v. 75, 2005.
FAGUNDES, U et alii. **Avaliação do estado nutricional e da composição corporal das crianças índias do Alto Xingu e da etnia Ikpeng.** Jornal de Pediatria - Vol. 80, Nº6, 2004
FERNANDES FILHO,J. **A Pratica da Avaliação Física**. 2ª.ed. Rio de Janeiro: Shape,2003.
GONÇALVES, A; VILARTA, R. (Org.). **Qualidade de Vida e Atividade Física**: Explorando teoria e pratica. 1ª ed. São Paulo: Manole, 2004.
HESPANHA, R. **Medida e Avaliação Para o Esporte e a Saúde**. 1ª ed. Rio de Janeiro: Rubio, 2004.
HEYMSFIELD, B. S.; LOHMAN, G. T.; WANG, Z.; SCOTT B. **Human Body Composition**. 2 ed Human Kinetics, 2005.
HEYWARD, V; STOLARCZYK; L, M. **AVALIAÇÃO da COMPOSIÇÃO CORPORAL APLICADA**. 1ª ed. São Paulo: Manole, 2000.
LEITE, F, P. **Aptidão Física Esporte e Saúde**. 3ª ed. São Paulo:Robe, 2000.
LEITE, M. S.; SANTOS R. V. **Crescimento físico e perfil nutricional da população indígena Xavante de Sangradouro-Volta Grande, Mato Grosso, Brasil**. Cad. Saúde Pública, Rio de Janeiro, 22(2):265-276, fev, 2006.
MARINS, J. C. B.; GIANNICHI, R. S. **Avaliação & Prescrição de Atividade Física: Guia Pratico.** 3ª ed. Rio de Janeiro: Shape, 2003.
MARTINS, S. J.; MENEZES, R. C. **Evolução do estado nutricional de menores de 5 anos em aldeias indígenas da Tribo Parakanã, na Amazônia Oriental Brasileira.** Rev. Saúde Pública v.28 n.1 São Paulo fev. 1994
MCARDLE,W.D.;KATCH,F.I.;KATCH,V.L.; **Fisiologia do Exercício:** Energia, Nutrição e Desempenho Humano. 5 ª ed. Rio de Janeiro: Guanabara Koogan, 2003.
MENEGOLLA, I. A. et alii. **Estado nutricional e fatores associados à estatura de crianças da Terra Indígena Guarita, Sul do Brasil.** Cad. Saúde Pública, Rio de Janeiro, 22(2):395-406, fev, 2006
NAHAS, M.V. **Atividade Física, Saúde e Qualidade de Vida: conceitos e sugestões para um estilo de vida ativo**. 2ª. ed. Londrina: Midiograf, 2001.
NORTON, K.;OLDS, T. ANTROPOMÉTRICA: **Um livro sobre medidas corporais para o esporte e cursos na área da saúde.** 1ª ed. Porto Alegre: Artmed, 2005.
PETROSKI, E.L. (Org.). **Antropometria: técnicas e padronizações.** 2ª.ed. Porto Alegre: Pallotti, 2003.
POLLOCK, M.L., WILMORE, J. H. **Exercício na Saúde e na Doença: Avaliação e Prescrição para Prevenção e Reabilitação.** São Paulo: Medsi, 1993.
POMPEU, F.A.M.S. **Manual de Cineantropometria**. 1ª ed. Rio de Janeiro: Sprint, 2004.
ROCHA, M.L. (Org.). **Aspectos Diversos da Medicina do Exercício**. 1ª ed. Rio de Janeiro: Revinter, 2004
ROEDER, M.A. **Atividade Física, Saúde Mental & Qualidade de Vida**. Rio de Janeiro: Shape, 2003.
SANTOS, R.V. **Crescimento Físico e Estado Nutricional de Populações Indígenas Brasileiras.** Cad. Saúde Públ., Rio de Janeiro, 9 (supl. 1): 46-57, 1993
SANTOS, R. V.; LINHARES A. C. **Estudos epidemiológicos entre grupos indígenas de Rondônia. IV. Inquérito sorológico para rotavírus entre os Suruí e Karitiána.** Rev. Saúde Pública v.25 n.3 São Paulo jun. 1991.
TAVARES, E. F. et al. **Relação da Homocisteinemia com a Sensibilidade à Insulina e com Fatores de Risco Cardiovascular em Um Grupo Indígena Brasileiro.** Arq. Brasileiro de Endocrinologia e Metabolismo. Vol. 46 nº 3 Junho 2002.

**COMPARATIVE STUDY IT ENTERS the STYLE OF LIFE And PROFILE ANTROPOMÉTRICO OF THREE ABORIGINAL COMMUNITIES Of the CITY OF MANACAPURU - AM**

**ABSTRACT:** Diverse authors tell influence it of the man since the settling come providing changes in the aboriginal habits; as style of life, feeding, and the sedentarismo. (MENEGOLLA, 2006, ARRUDA, 2003, MILK, 2006). The objective of this study was to verify the style of life and some antropométricos parameters of three situated aboriginal communities in the city of Manacapuru, Amazon, during the Operation Amazônia 2006 in the Rondon Project. Descriptive statistics was carried through fashion for the Style of Life, average, minimum, maximum and shunting line standard for the anthropometry. This study the sorts with age between 28 had as sample 23 individuals of both ± 10 years. The results had shown what diverse studies of literature alerted, the marcante presence of the sedentarismo in two communities, the lack of care with the health, how much the preventive aspects call the attention the lack a service of health for the indians of this region. They present good relationship in the community and a certain control to estresse it, the IMC was between normal and overweight in its majority, with some reaching obesidade degree 1 and degree 2, in the percentage of fat had gotten values next to the average in the classification, mainly in the communities next to the city, Sahu-apé and Guiribé, of the three community with better index of fat is of the Jatuarana, perhaps had in the distance and the difficulty of access the city, only made for saw fluvial, either a factor to be considered in this aspect. We conclude that independent of the proximity of the city or not, the politics of health of the region is deficient for the communities, an active style of life is far to be part of its routines as well as healthful habits of feeding, factors that will be able to acometer a risk increase the health of the same ones.

**ESTUDIO COMPARATIVO INCORPORA EL ESTILO DE LA VIDA Y EL PERFIL ANTROPOMÉTRICO DE TRES COMUNIDADES ABORÍGENES DE LA CIUDAD DE MANACAPURU - AM**

Los autores diversos de la la dicen a influencia del hombre puesto que viene el colocar proporcionando cambios en los hábitos aborígenes; como estilo de la vida, de la alimentación, y del sedentarismo. (MENEGOLLA, 2006, ARRUDA, 2003, LECHE, 2006). El objetivo de este estudio era verificar que el estilo de los parámetros de la vida y de algunos antropométricos de tres situó a comunidades aborígenes en la ciudad de Manacapuru, Amazon, durante la operación Amazônia 2006 en el proyecto de Rondon. La estadística descriptiva fue llevada con la manera para el estilo de la línea estándar de la vida, del promedio, del mínimo, máxima y del desvío para la antropometría. Este estudio las clases con edad entre 28 tenía como individuos de la muestra 23 de ambos ± 10 años. Los resultados habían demostrado lo que alertaron los estudios diversos de la literatura, la presencia del marcante del sedentarismo en dos comunidades, la carencia del cuidado con la salud, cuánto los aspectos preventivos llaman la atención la carencia un servicio de la salud para los indios de esta región. Presentan la buena relación en la

comunidad y cierto control al estresse, el IMC estaba entre normal y el exceso de peso en su mayoría, con un cierto grado 1 del obesidade que alcanzaba y el grado 2, en el porcentaje de gordo había conseguido valores al lado del promedio en la clasificación, principalmente en las comunidades al lado de la ciudad, Sahu-apé y Guiribé, de los tres que la comunidad con un índice mejor de la grasa está del Jatuarana, quizás que tenía en la distancia y la dificultad del acceso la ciudad, sólo estuvo hecho para la sierra fluvial, cualquier un factor que se considerará en este aspecto. Concluimos esa independiente de la proximidad de la ciudad o no, la política de la salud de la región es deficiente para las comunidades, un estilo activo de la vida es lejana ser parte de sus rutinas así como los hábitos saludables de la alimentación, los factores que podrán al acometer al aumento del riesgo la salud igual unas.

**ÉTUDE COMPARATIVE IL ÉCRIT le MODÈLE DE LA VIE et le PROFIL ANTROPOMÉTRICO des TROIS COMMUNAUTÉS INDIGÈNES de la VILLE DE MANACAPURU - AM**

Les auteurs divers de la disent à influence de l'homme puisque l'arrangement viennent fournissant des changements des habitudes indigènes ; comme modèle de la vie, de l'alimentation, et du sedentarismo. (MENEGOLLA, 2006, ARRUDA, 2003, LAIT, 2006). L'objectif de cette étude était de vérifier que le modèle des paramètres de la vie et de quelques antropométricos de trois a situé les communautés indigènes dans la ville de Manacapuru, Amazone, pendant l'opération Amazônia 2006 dans le projet de Rondon. Des statistiques descriptives ont été réalisées la mode pour le modèle de la ligne norme de la vie, de moyenne, de minimum, maximum et de manoeuvre pour l'anthropométrie. Cette étude les sortes avec l'âge entre 28 a eu comme individus témoin 23 des les deux le ± 10 ans. Les résultats avaient montré ce que les études diverses de la littérature ont alerté, la présence de marcante du sedentarismo dans les deux communautés, le manque de soin avec la santé, combien les aspects préventifs appellent l'attention le manque un service de santé pour les Indiens de cette région. Ils présentent le bon rapport dans la communauté et une certaine commande à l'estresse il, l'IMC était entre normal et le poids excessif dans sa majorité, avec un certain degré d'atteinte 1 d'obesidade et un degré 2, dans le pourcentage de gros a eu des valeurs à côté de la moyenne dans la classification, principalement dans les communautés à côté de la ville, Sahu-apé et Guiribé, des trois que la communauté avec un meilleur index de graisse est du Jatuarana, a peut-être eu dans la distance et la difficulté de l'accès la ville, seulement dirigé vers la scie fluvial, l'un ou l'autre un facteur à considérer dans cet aspect. Nous concluons ce indépendant de la proximité de la ville ou pas, la politique de la santé de la région est déficiente pour les communautés, un modèle actif de la vie est lointaine pour faire partie de ses routines aussi bien que des habitudes salubres de l'alimentation, les facteurs qui pourront en mesure à l'acometer par augmentation de risque la santé de la même chose ceux.

**ESTUDO COMPARATIVO ENTRE O ESTILO DE VIDA E O PERFIL ANTROPOMÉTRICO DE TRÊS COMUNIDADES INDÍGENAS DA CIDADE DE MANACAPURU - AM**

**RESUMO:** Diversos autores relatam a influencia do homem desde a colonização vêm proporcionando mudanças nos hábitos indígenas; como estilo de vida, alimentação, e o sedentarismo. (MENEGOLLA, 2006, ARRUDA, 2003, LEITE, 2006). O objetivo desse estudo foi verificar o estilo de vida e alguns parâmetros antropométricos de três comunidades indígenas situadas na cidade de Manacapuru, Amazonas, durante a Operação Amazônia 2006 no Projeto Rondon. Foi realizado estatística descritiva moda para o Estilo de Vida, média, mínimo, máximo e desvio padrão para a antropometria. Este estudo teve como amostra 23 indivíduos de ambos os gêneros com idade entre 28  10 anos. Os resultados mostraram o que diversos estudos da literatura alertavam, a presença marcante do sedentarismo em duas comunidades, a falta de cuidado com a saúde, quanto os aspectos preventivos chamam a atenção a falta de um serviço de saúde para os índios dessa região. Apresentam bom relacionamento na comunidade e um certo controle ao estresse, o IMC ficou entre normal e sobrepeso na sua maioria, com alguns atingindo obesidade grau 1 e grau 2, no percentual de gordura obtiveram valores próximos da média na classificação, principalmente nas comunidades mais próximas da cidade, Sahu-apé e Guiribé, das três a comunidade com melhor índice de gordura é do Jatuarana, talvez devido a distância e a dificuldade de acesso a cidade, feito somente por via fluvial, seja um fator a ser considerado nesse aspecto. Concluímos que independente da proximidade da cidade ou não, a política de saúde da região é deficiente para as comunidades, um estilo de vida ativo está longe de fazer parte das suas rotinas assim como hábitos saudáveis de alimentação, fatores que poderão acometer um aumento de risco a saúde dos mesmos.