INTRODUCTION
Obesity is a chronic disease caused by the mutual influence of multiple factors, including: genetic, environmental, social, economic, cultural and nutritional. It is linked to the rise of chronic diseases like hypertension, diabetes mellitus type 2, dyslipidemia, cardiovascular disease and certain types of cancer (BOUCHARD, 2003).

According to Pitanga (2004), the so-called epidemiological transition that takes place in the world has been characterized by the change in patterns of morbidity and mortality, noting that the non-transmissible chronic diseases are exceeding to normality. And among the different risk factors associated with the origin of non-transmissible chronic diseases there is the sedentary lifestyle.

The World Health Organization records significant increase in obesity in recent decades and is considered epidemic worldwide, regardless of social and economic conditions, affecting both developed countries and those in development (WHO, 1997).

In Brazil, several studies based on the comparison between population-based surveys found that in a period of 15 years (1975 to 1989), the prevalence of overweight, defined as body mass index (BMI)=25 kg/m2, increased 53% among Brazilian adults over 18 years of age, from 17 to 27% among men and from 26 to 38% among women. The analysis carried out considering a longer period (1975 to 1997) showed an upward differential of obesity (BMI=30 kg/m2) according to socioeconomic status, sex and region studied. There was secular increase of obesity in women of low socioeconomic level in all regions examined and decline among women of higher socioeconomic level in more developed regions. In men, this variation was only less intense, with no reduction in the higher socioeconomic strata (MONTEIRO; CONDE, 1999).

Among the regions of the country, the highest prevalence is recorded in the Southern Region, which is similar or even superior, to those described in developed countries. The occurrence of obesity doubled among men during the studied period (from 2.4% to 4.8%), whereas in the female population, the increase was more significant: from 7% to 12%. The data shows, moreover, that overweight and obesity increase with the age, reaching higher prevalence in the age group between 45 and 54 years, in which was recorded increase in body weight above the predetermined threshold in 37% of men and 55% of women (COITINHO et al. 1991).

In 2001, the Brazilian Institute of Geography and Statistics in search of family budgets found that weight excess has already reached 38.8 million Brazilian adults, of whom 10.5 million are considered obese.

Consistent with the link between physical activity and good health, Howley (2000) and Alves et al. (2005), emphasized that if only added to the regular PA lifestyle, it already provides substantial improvements in global health. And, its promotion is one of the most important actions for health promotion at the individual level and, if performed in a group is one of the biggest factors of stimulus for the purchase of this habit and can easily be promoted as part of the actions of the Family Health Program (BUSS, 2000).

There are many ways to assist in the improvement of public health in our country and the world, one of them is the practice of regular PA. Its adoption is not the solution to problems, but it is probably a key factor to maintain good levels of health. Added to this, economic arguments support the promotion of PA with the purpose of improving the life quality and, consequently, reduce costs of medical-hospital services, as it reduces the number of medical care and, as a result, the reduction of queues in the Single Health System (Sistema Único de Saúde).

Studies directed to individuals, groups and communities, clearly indicate the existence of an inverse association between the levels of PA and the incidence of several diseases such as hypertension, obesity, diabetes, coronary artery disease and depression. In addition to this, strong evidences show that in physically active individuals the costs for public health may be significantly lower (NAHAS, 2003).

Considering that the lack of PA is a risk factor to health, to determine the prevalence of sedentary lifestyles and obesity is an important indicator for developing strategies of disease prevention and health maintenance, caused by bad living habits. In this sense, investigate questions about the PA level, overweight, obesity in users of the Single Health System (SUS) is a subject that should be widely discussed because, from the knowledge of this reality, we can invest economic and social resources in the needed areas that will change the picture of health in this city and help to promote the welfare of the population, through the implementation of programs of regular PA.

Within that context, this study sought to determine the prevalence of physical activity level and its relationship with BMI in adults aged between 21 and 59 years, users of the Central Basic Health Unit in Portão city, ES. Aspects related to the presence of risk factors, personal health and daily time that the surveyed remain seated were also evaluated.

METHODOLOGY
This study was characterized as observational and descriptive. The sample was composed of 278 people, aged between 21 and 59 years, being 208 females and 70 males, which were selected accidentally and had voluntary participation. Were excluded from the study, a) all people under the age of 21 years and more than 59 years, in addition to the people that: b) refused to participate in the study c) had some physical problem that prevented, temporarily or definitively, to have their weight and height measured and respond to the instruments and d) pregnant women. The study was approved by the Ethics Committee of the University Centre Feevale under the opinion No 4.09.03.06.347. The data was collected in the period from 21 to 30 of August, 2006, from two instruments, applied in the form of a separate interview: R) Questionnaire with the socio-demographic data, health conditions and risk factors II) International Physical Activity Questionnaire (IPAQ), version 8, short and normal week (seven days) and weight and height measures. Before the start of data collection, all people have been resolved through consent. To measure the body mass was used a digital scale branded Camry, Electronic Personal Scale model - EB6171, which has a capacity of 150 kilograms, scale of 100. Height was verified with a tape branded Sanny, capable of measuring up to two hundred centimetres, which was fixed on the wall, getting the measure through a plate of wood. For these figures were calculated body mass index through the equation: [BMI = BM (kg) / HEI (m2)], where BMI: body mass index (kg/m2), BM: body mass (kg), HEI: height (m). It was used as a parameter for identification of overweight and obesity the one proposed by the Brazilian Association for the Study of Obesity and the Metabolic Syndrome through the I Latin American Consensus on Obesity (1998), which considers leanness index of body mass index <18.5, normal between 18.5 and 24.9, overweight from 25 to 29.9, obesity from 30 to 39.9 and severe obesity rate equal to or above 40. The data was analyzed by descriptive statistics and for the analysis of categorical variables was used Qui-square test. It was adopted a significance level of 5%.
RESULTS

The sample consisted of 278 individuals, being 208 females and 70 males, giving a percentage of (74.8%) and (25.2%) respectively. Regarding socio-demographic characteristics, more than 55% of the sample is in two age groups, which covers 30 to 49 years, with the average age of 40.3 years, 59.4% are married and 57.2% have not completed primary school, i.e. have a very low level of education. The family income that prevailed was from R $ 351.00 to R $ 700.00. Of the total sample (278), 49% (136) are workers, 33.4% (93) housekeepers and 17.6% (49) other (retirees and beneficiaries of aid disease, students and unemployed).

As for issues related to the presence of risk factors and personal health, 29.4% said they had never smoked, 17.6% are former smokers and 23% of the people under study reported it to be part of their habits, distributed in: up 10 cigarettes / day (32.8%), 10 to 20 cigarettes per day (53.1%) and over 20 cigarettes per day (14.1%).

According to data obtained (Table 3), we can verify that of the sedentary, 42.9% fit in the rate of overweight, 20.5% are normal, and 17% are underweight. In the studies which were used for comparison were found prevalence rates of 21% to obese and 40% to overweight, being the prevalence of obesity among women significantly higher, with 25% and 15% among men (GIGANTE et al., 1997) and 18% of obese people, being 14.2% men and 21.4% women (REGO et al., 1990).

Regarding the level of physical activity, the table below shows that the highest prevalence is insufficiently active (40.3%), and of these, 39.5% are women and 43% men. Of the total sample, 78 (27.7%) are sufficiently active and 32% very active.

Comparing the results of the prevalence of physical activity level of this study, when separated by gender, with the data collected by the Ministry of Health in 2002-2003 , where we obtained a percentage of sedentary of 23.3% for men and 36.3% for women in the city of Porto Alegre, we found some similarity for women index and a balance with the data from Matsudo et al. (2002) for the age group from 15 to 59 years, with a sample of 2103 people, it was obtained a percentage of 22.6% of the smoker population, the same being very similar to the results of current research (23%).

With regard to the health condition of the group studied, it was possible to verify that 22.3% consume alcoholic drinks weekly, 33.8% are hypertensive, 19% (6.8%) are diabetic. And, 50% considered their health from regular to bad (11.5% bad and 38.5% regular), 40.3% good and only 3.2% considered it excellent. It appears that the percentage of each variable equals to 100% of the sample.

Regarding the prevalence of hypertension, the results found (33.8%) are very close to the results of other surveys conducted in Brazil: Rego et al. (1990) in Sao Paulo, found that 22.3% of the sample was hypertensive; Gigante and Cols. (1997) found in Pelotas, RS, hypertension in 22% of the sample studied, Souza and Cols. (2003) found a prevalence of 29.5% of hypertension in Campos, RJ, Fuchs and Cols. (1994) observed a prevalence of 29.5% of hypertensive patients in Porto Alegre, southern Brazil, and Trindade and Cols. (1998) reported a percentage of 33% of the people with hypertension in Passo Fundo, RS.

The accelerated growth of obesity is possibly related to obesity, to the modernization of societies, which caused greater supply of food, plus the improvement of tools, such as mechanization and automation.

Table 1: Classification of body mass index (BMI) (n=278)

<table>
<thead>
<tr>
<th>Classification</th>
<th>BMI (Kg/m²)</th>
<th>n (%)</th>
<th>Obesity grade</th>
<th>Risk to Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leanness</td>
<td>&lt; 18.5</td>
<td>6 (2.2%)</td>
<td>0</td>
<td>High</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 a 24.9</td>
<td>88 (31.6%)</td>
<td>0</td>
<td>Normal</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 a 29.9</td>
<td>106 (38.1%)</td>
<td>I</td>
<td>High</td>
</tr>
<tr>
<td>Obesity</td>
<td>30 a 39.9</td>
<td>72 (25.9%)</td>
<td>II</td>
<td>Very High</td>
</tr>
<tr>
<td>Severe Obesity</td>
<td>≥ 40</td>
<td>6 (2.2%)</td>
<td>III</td>
<td>Extremely High</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>278 (100%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The prevalence of overweight and obesity found in the study was high (66.2%), and, according to the one found in the literature, regardless of the diagnostic criteria used, confirmed the magnitude and seriousness that the problem took on the population. Of these 39.9% are obese and 3.3% have severe obesity. An interesting data obtained was that on average, the body mass of those surveyed was 72.3 kg and the height of 1.61 m, with these measures we have a body mass index of 27.7, which fits in the index of overweight, high risk to health.

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observed a percentage of 77.4% for overweight women and 84.3% for men.

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Insufficiently Active</th>
<th>Sufficiently Active</th>
<th>Very Active</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.4%</td>
<td>34.1%</td>
<td>26.5%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>31.8%</td>
<td>53.0%</td>
<td>15.2%</td>
<td>100%</td>
</tr>
<tr>
<td>Smoker</td>
<td>34.4%</td>
<td>22.0%</td>
<td>43.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Former smoker</td>
<td>42.0%</td>
<td>18.5%</td>
<td>39.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Alcoholism</td>
<td>45.8%</td>
<td>22.7%</td>
<td>31.5%</td>
<td>100%</td>
</tr>
<tr>
<td>Overweight</td>
<td>45.4%</td>
<td>27.3%</td>
<td>27.3%</td>
<td>100%</td>
</tr>
<tr>
<td>Obesity II</td>
<td>32.0%</td>
<td>36.0%</td>
<td>32.0%</td>
<td>100%</td>
</tr>
<tr>
<td>Obesity III</td>
<td>33.3%</td>
<td>50.0%</td>
<td>16.7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

It appears that when crossing the body mass index with consumption of tobacco (Table 4), we found that smokers have a slightly lower body mass index than non-smokers (p = 0.02), i.e. smokers have a body mass index of 26.1 while former smokers and those who do not smoke have a body mass index very similar, but 2.2 higher than the smokers (28.3 body mass index). Complementing 43.6% of smokers are very active.

Referring to the length people remain seated and its relationship with body mass index, one can see that 51.1% people remain at least 4 hours seated per day and can reach up to 14 hours; of these, 83.4% of men and 69.9% of women were overweight or obese. Of the 83.4% of men, 34% are obese and 66% fit in overweight, and of the 69.9% of women, 5.4% fit in the classification of severe obesity, 40% obese and 54.6% overweight.

When comparing the levels of physical activity and the time they remain seated, we noticed that there was a statistically significant (0.001), between genders.

The study found that 6.8% of the sample who have diabetes, 8.2% are women and 2.9% men, it is emphasized that there was a significant difference (0.045), between genders. It also showed that 84.3% of the diabetics are overweight, and when separated by gender, 94.2% of the diabetic women are overweight, 7.2% with severe obesity, 42.8% are obese and 50 % overweight. We have that 100% of diabetic men are overweight (50% obesity and 50% overweight).

In the data above described we can see a weight excess, both in the sample of hypertensive and diabetics, of which 78.8% of hypertensive and 84.3% of diabetics are overweight. With this information we can affirm that the hypertension and diabetes are directly linked with above normal BMI, which is related to physical inactivity.

CONCLUSION

Within the limitations inherent in a cross-sectional study, based on the methodology used and results obtained in this work, we could conclude that the sample of users of the central UBS in the city of Porto Alegre, RS, had predominance in the classification as insufficiently active, a total of 112 people, constituting 40.3% of the total sample of search. The level of classified as sufficiently active and very active consisted of 27.7% and 32% respectively. Regarding gender, it is understood that the men, proportionately, made a lower percentage (32.7%) than women (34.4%).

As for the presence of risk factors, 23% are smokers, 22.3% consume alcoholic drinks weekly, 33.8% are hypertensive, and 6.8% are diabetics. In relation to their self-perception regarding personal health, 50% consider it from good to regular (11.5% poor and 38.5% regular). 40.3% good and only 3.2% excellent.

Regarding the daily time that the sample remain seated, it was found that 51.1% of them remain seated at least 4 hours per day and can reach up to 14 hours; of these, 83.4% of men and 69.9% of women were overweight or obese.

You can see that there is relationship between the level of PA and BMI, because, of the sedentary (112), 66.2% fit in the rate of overweight and obesity, and linking with other risk factors, it is evident the one already described in the literature, i.e. the existence of an inverse association between the levels of PA and the incidence of risk factors. With these data, we can conclude that there is not a culture of physical activity practice in the city of Portão, even though 95.7% of individuals investigated have the existence of an inverse association between the levels of PA and the incidence of risk factors. With these data, we can conclude that there is a significant difference (0.045), between genders. It also showed that 84.3% of the diabetics are overweight, and when separated by gender, 94.2% of the diabetic women are overweight, 7.2% with severe obesity, 42.8% are obese and 50% overweight. We have that 100% of diabetic men are overweight (50% obesity and 50% overweight).

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BIBLIOGRAPHICAL REFERENCES


PREVALENCE OF THE LEVEL OF PHYSICAL ACTIVITY AND ITS RELATIONSHIP WITH BODY MASS INDEX
ADULT USERS IN THE CENTRAL UBS OF PORTÃO CITY, RS

ABSTRACT
This study aimed to determine the prevalence of physical activity level and its relationship with body mass index in adult users of the central UBS in the city of Portão, RS. This study was characterized as observational and descriptive. Were part of the search 278 users of SUS, of both sexes, being 208 (74.8%) female and 70 (25.2%) males, aged between 21 and 59 years. Data was collected through a questionnaire with socio-demographic data, health conditions and risk factors and IPAQ 8 short version and measures of body mass index, adopting criteria set by WHO (1997). It was concluded that there is predominance in the ranking with 66.2% (184), i.e. 106 (38.1%) overweight, 72 (25.9%) obese and 6 (2.2%) severe obesity. The average BMI of the total sample was 27.7 which fits in the index of overweight, high risk to health, 55% of the samples are in the age group from 30 to 49 years, with the average age of 40.3 years. According to data obtained in this study, we can establish rates relating to the risk factors to health in the adult users in the central UBS of the city of Portão, RS. This study was characterized as observational and descriptive. Were part of the search 278 users of SUS, of both sexes, being 208 (74.8%) female and 70 (25.2%) males, aged between 21 and 59 years. Data was collected through a questionnaire with socio-demographic data, health conditions and risk factors and IPAQ 8 short version and measures of body mass index, adopting criteria set by WHO (1997). It was concluded that there is predominance in the ranking with 66.2% (184), i.e. 106 (38.1%) overweight, 72 (25.9%) obese and 6 (2.2%) severe obesity. The average BMI of the total sample was 27.7 which fits in the index of overweight, high risk to health, 55% of the samples are in the age group from 30 to 49 years, with the average age of 40.3 years. 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According to data obtained in this study, we can establish rates relating to the risk factors to health in the sample, i.e., diabetes (6.8%), alcoholism (22.3%), tobacco (23%), obesity grade I and II (28.1%), hypertension (33.8%), overweight (38.1%) and sedentary (40.3%). The level of physical activity prevalence, overweight and obesity was high. The results suggest the need for adoption of measures for control and prevention of obesity by the boards of health.

Key words: physical activity level, body mass index, risk factors and public health.
PREVALENCIA DEL NIVEL DE ACTIVIDAD FÍSICA Y SUA RELACIÓN CON EL IMC EN ADULTOS USUARIOS DE LA UBS CENTRAL DEL MUNICIPIO DE PORTÃO, RS

RESUMEN
Este estudio tuvo como objetivo determinar la prevalencia del nivel de actividad física y su relación con el IMC en adultos usuarios de la UBS Central del Municipio de Portão, RS. Esta investigación se caracterizó por observación descriptiva. Fueron parte de ese estudio 278 usuarios del SUS, de ambos los sexos, siendo 208 (74,8%) del sexo femenino y 70 (25,2%) del sexo masculino, en la franja de etaria entre 21 e 59 años. Los datos fueron obtenidos mediante cuestionario con los datos sociodemográficos, condiciones de salud y factores de riesgo y el IPAQ versión 8 curta y medidas de Índice de Masa Corporal, adoptando criterios definidos por la OMS (1997). Concluyéndose que hay predominancia en la clasificación insuficientemente activo con 40,3%, siendo 112 personas de la muestra total y para el IMC hubo predominancia en el exceso de peso con 66,2% (184), o sea, 106 (38,1%) sobrepeso, 72 (25,9%) obesos y 6 (2,2%) obesidad grave. La media del IMC de la muestra total quedó en 27,7 la cual se encuadra en el índice de sobrepeso, riesgo elevado para la salud; 55% de la muestra están en la franja etaria de 30 a 49 años, teniendo como media la edad de 40,3 años. Según datos obtenidos en esa pesquisa, pudimos establecer índices referentes a los factores de riesgos para la salud de la muestra, o sea, diabéticos (6,8%), etilismo (22,3%), fumo (23%), obesidad grado I y II (28,1%), hipertensión (33,8%), sobrepeso (38,1%), sedentarismo (40,3%). La prevalencia del nivel de actividad física, sobrepeso y obesidad se mostró elevada. Los resultados apuntan para la necesidad de adopción de medidas de control y prevención de la obesidad por parte de los órganos de salud.
Palabras claves: Nivel de actividad física, IMC, factores de riesgo, salud pública.

PREVALENCIA DO NÍVEL DE ATIVIDADE FÍSICA E SUA RELAÇÃO COM O IMC EM ADULTOS USUÁRIOS DA UBS CENTRAL DO MUNICÍPIO DE PORTÃO, RS

RESUMO
Este estudo teve como objetivo determinar a prevalência do nível de atividade física e sua relação com o IMC em adultos usuários da UBS Central do Município de Portão, RS. Este estudo se caracterizou como observacional descritivo. Fizeram parte da pesquisa 278 usuários do SUS, de ambos os sexos, sendo 208 (74,8%) do sexo feminino e 70 (25,2%) do sexo masculino, na faixa etária entre 21 e 59 anos. Os dados foram obtidos mediante questionário com os dados sócio-demográficos, condições de saúde e fatores de risco e o IPAQ versão 8 curta e medidas de Índice de Massa Corporal, adotando critérios definidos pela OMS (1997). Concluiu-se que há predominância na classificação insuficientemente ativo com 40,3%, sendo 112 pessoas da amostra total e para o IMC houve predominância no excesso de peso com 66,2% (184), ou seja, 106 (38,1%) sobrepeso, 72 (25,9%) obesos e 6 (2,2%) obesidade grave. A media do IMC da amostra total ficou em 27,7 a qual se enquadra no índice de sobrepeso, risco elevado para a saúde; 55% da amostra estão na faixa etária de 30 a 49 anos, tendo como media a idade de 40,3 anos. Segundo dados obtidos nesta pesquisa, podemos estabelecer índices referentes aos fatores de riscos para a saúde da amostra, ou seja, diabéticos (6,8%), etilismo (22,3%), fumo (23%), obesidade grau I e II (28,1%), hipertensão (33,8%), sobrepeso (38,1%), sedentarismo (40,3%). A prevalência do nível de atividade física, sobrepeso e obesidade mostrou-se elevada. Os resultados apontam para a necessidade de adoção de medidas de controle e prevenção da obesidade por parte dos órgãos de saúde.
Palavras-chaves: Nível de atividade física, IMC, fatores de risco, saúde pública.