WHO reports, the prevalence of childhood obesity has grown by around 10-40% in most European countries in the last ten years. Geography and Statistics (IBGE), the Northeast region had a prevalence of 8.2% of obesity (Mello, et al., 2010). According to chance of maintaining such a condition in adult life (Mello et.al., 2014); In Brazil, a study conducted by the Brazilian Institute of (Chiarell; Ulbrich; Bertin, 2011). It is worth noting that inadequate nutritional intake in this period may or may not be quantitatively figure has the silhouette that best represents their current physical appearance, and then which figure shows the silhouette you (2008), separated by gender, which is composed of 11 body silhouettes in plastic cards. Each child was asked to show which Adaptation of the Silhouettes Scale for Brazilian children between 7 and 12 years old was proposed by Kakeshita and Almeida Conde and Monteiro (2006) for the Brazilian population from 2 to 20 years of age according to gender. And to diagnose BI, the used for the collection of data in order to standardize procedures. protocols, which were performed by a single evaluator and a single annotator, who received training including the techniques system. municipality of Guadalupe. The present study is characterized as a transverse descriptive nature and with a quantitative approach (Gil, 2009) through an individual evaluation (ROUQUAYROL; ALMEIDA FILHO, 2003). The initial population was composed of 123 schoolchildren, with insignificance level of 5% (<0.05), 95% confidence level and, sample of 97, 42 girls and 55 boys with similar ages from 7 to 10 years, all enrolled in the first, second, third year A and B, and fourth year single, elementary school I, in the morning and afternoon shifts of a Municipal School located in the city of Guadalupe-PI. Students who missed school on the day of data collection, those who did not qualify for BMI and those who did not present the Informed Consent and Assent Terms were excluded from the study, as determined by Resolution 466/2012 of the National Council This study has a letter of agreement from the Municipal Department of Education. The data collection took place in June 2017, in the morning and afternoon shifts, through the application of the protocols, which were performed by a single evaluator and a single annotator, who received training including the techniques used for the collection of data in order to standardize procedures. For the evaluation of CC, the double-anthropometric method BMI was adopted, using the cut-off points proposed by Conde and Monteiro (2006) for the Brazilian population from 2 to 20 years of age according to gender. And to diagnose BI, the Adaptation of the Silhouettes Scale for Brazilian children between 7 and 12 years old was proposed by Kakeshita and Almeida (2008), separated by gender, which is composed of 11 body silhouettes in plastic cards. Each child was asked to show which figure has the silhouette that best represents their current physical appearance, and then which figure shows the silhouette you would like to have. The Statistical Package for Social Sciences (SPSS) version 20.0 was used for the statistical treatment of the data.

3 ANALYSIS AND DISCUSSION OF RESULTS
The sample consisted of the total number of 97 students (100%), being composed of 55 boys (57%) and 42 girls (43%), shown in Figure 1.

Table 1 shows the descriptive analysis of the students, for the female gender the values found for age in years 7 to 10 years (85 to 129 months), weight and height were, maximum 48 kg and 152 cm, minimum of 21 kg and 118 cm, and medium, 29,300 kg and 138,5 cm. For males aged 7 to 10 years (84 to 125 months), the respective values were, maximum 56 kg and 158 cm, minimum of 19 kg, 116 cm and mean of 27 kg and 134.5 cm.

Table 1: Descriptive analysis of 7 to 10-year-old schoolchildren from the city of Guadalupe-PI

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>average</td>
<td>Weight</td>
<td>29.3</td>
</tr>
<tr>
<td></td>
<td>Stature</td>
<td>138.5</td>
</tr>
<tr>
<td>minimum</td>
<td>Weight</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>Stature</td>
<td>118</td>
</tr>
<tr>
<td>maximum</td>
<td>Weight</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Stature</td>
<td>152</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>FEMALE</td>
<td>6.688</td>
</tr>
<tr>
<td></td>
<td>MALE</td>
<td>8.926</td>
</tr>
</tbody>
</table>

Population studies have shown that OW in Brazilian children and adolescents has been growing drastically, research conducted in Brazil. In the present study, BMI analysis according to percentiles used as reference for age and gender, male children, revealed the prevalence of 20 with UW, 22 with EU, 10 with OW, 3 with OB, and for the female gender, revealed the prevalence of 15 children classified as underweight (UW), 15 with eutrophic (EU), 11 with overweight (OW), and obesity 1 (OB), as shown in Figure 2.

Corroborating with the findings of this research, the study by Rosaneli et al. 2012, in the city of Maringá-PR with children aged 6 to 10 years, showed that the male gender had a higher index of overweight with respect to the female gender.

In a study conducted in the city of Teresina-PI in 2014, it was verified that 10% and 11% of schoolchildren aged 7 to 10 years had OW, girls and boys respectively. However, the male population was diagnosed with a higher OB index (RIBEIRO, SILVA and IBIAPINA 2014).

Such findings are important to contribute to the prevention of these indicators and alert to initiatives to intervene to these factors during childhood in order to memorize the risk of children presenting problems related to obesity and problems related to it in future stages.

Corroborating with the research, a higher prevalence of BI was observed in the city of Saudades - SC of 65.2% of boys than in boys 54.3% (GLANER et al., 2013).

In contrast to this study, Santini’s (2012) study showed that 65.4% of schoolchildren were dissatisfied with BI, of which 37.8% were more dissatisfied with the intention of reducing their silhouette. In analyzing the data by gender, the boys were more dissatisfied with the desire to increase and the girls with the desire to shrink.

The high proportions of dissatisfaction with BI in adolescence can be explained due to the influence of technological advances, along with the media that often imposes beauty standards, suggesting as ideal a body specific for each gender, usually boys with a profile of athlete and muscular, and already the girls a slender body, what often entails in a negative BI, represented by high levels of dissatisfaction with the perception of the corporal (GLANER et al., 2013).

4 FINAL CONSIDERATIONS

After analyzing the results, it can be seen that according to age and gender, the majority of students studied are within the EU standards established by BMI, although many have been diagnosed with OW, females had a larger fraction. It concludes that the prevalence of BI dissatisfaction is high, and that the desire to increase the silhouette was the most chosen by schoolchildren, especially the male gender.
These data indicate the need to carry out diagnostic and intervention work, with classes based on food education, aiming primarily at health promotion in the school environment, in order to encourage healthy habits and to encourage the participation of schoolchildren in physical activities, in order to prevent the development of physical and mental disorders of the BI.

The data also indicate the need for diagnostic and intervention work, which both girls and boys were diagnosed with OW, have HF dissatisfaction and the desire to increase their silhouette because they have a distorted silhouette, because they are with OW and with UW.

5 REFERENCES


THE CORRELATION OF THE BODY MASS INDEX EVALUATION AND THE BODY IMAGE SATISFACTION LEVEL OF SCHOOLS FROM 7 TO 10 YEARS OF THE CITY OF GUADALUPE-PI

The greater Childhood is marked by the last moment of acceleration of growth that can be directly influenced in the mental body of the subject and requires a high nutritional demand with positive or negative repercussions on the perception of the body image (HF), which may or may not trigger the overestimation of the body end of this process. The objective of the present study was to analyze the correlation of body mass index assessment and the level of body image satisfaction of schoolchildren aged 7 to 10 years in a public school in the municipality of Guadalupe - PI. Cross-sectional, descriptive study of a quantitative approach with a sample of 97 schoolchildren of both genders. The IMC protocols with classification proposed by Conde and Monteiro 2008 and the Silhouettes Scale proposed by Kakeshita and Almeida (2008) were applied. The data analysis was performed through the SPSS 20.0 statistical program, through simple descriptive analysis (mean, minimum, maximum, standard deviation and percentage). As a result, the low weight (BP) (36% and 36%), eutrophic (EU) (40% and 36%), overweight (EP) (18% and 26%) and obesity (OB) (5% and 2%). The level of satisfaction of the Body Image, presented as satisfied (6 and 7), reduce the silhouette (17 and 19), and increase the silhouette (19 and 29). In view of the results, we conclude that female students were diagnosed with PD, as well as having a higher level of HF dissatisfaction. The data indicate the need for diagnoses and intervention work, both girls and boys were diagnosed with CHD, have HF dissatisfaction, and wish to increase their silhouette because they have a distorted silhouette, because they are found with PE and BP.

LA CORRELACIÓN DE LA EVALUACIÓN DEL ÍNDICE DE MASA CORPORAL Y EL NIVEL DE SATISFACCIÓN DE IMAGEN CORPORAL DE ESCOLARES DE 7 A 10 AÑOS DE LA CIUDAD DE GUADALUPE-PI

La infancia es marcada por el último momento de aceleración del crecimiento que puede ser influenciada directamente en la imagen mental del sujeto y necesita de una elevada demanda nutricional repercutiendo positiva o negativamente en la percepción de la imagen corporal (IC), pudiendo o no desencadenar la sobreestimación del cuerpo al final de este proceso. El objetivo del presente estudio fue analizar la correlación de la evaluación del índice de masa corporal y el nivel de satisfacción de la imagen corporal de los escolares de 7 a 10 años en una escuela de la red pública de enseñanza del municipio de Guadalupe - PI. Estudio transversal, descriptivo de abordaje cuantitativo con muestra de 97 escolares de ambos géneros. Se aplicaron los protocolos del IMC con clasificación propuesta por Conde y Monteiro 2008 y la Escala de Siluetas propuesta por Kakeshita y Almeida (2008). El análisis de los datos fue realizado a través del programa estadístico SPSS 20.0, por medio de análisis descriptivo simple (promedio, mínimo, máximo, desviación estándar y porcentaje). Como resultado se obtuvo para el género masculino y femenino respectivamente, el estado de bajo peso (BP) (36% y 36%), eutrófico (EU) (40% y 36%), exceso de peso (EP) (18% y 26%) y obesidad (OB) (5% y 2%). El nivel de satisfacción de la imagen corporal, se presentó como satisfecho (6 y 7), reducir la silueta (17 y 19), y aumentar la silueta (19 y 29). Ante los resultados señalados se concluye que los escolares del género femenino fueron diagnosticados con EP, así como también poseen un mayor nivel de insatisfacción de la IC y con el deseo de aumentar la silueta. Los datos denotan la necesidad de realizar trabajos de diagnósticos e intervenciones, que tanto niñas y niños fueron diagnosticados con EPC, poseer la insatisfacción de la IC y con el deseo de aumentar la silueta por presentar silueta distorsionada, por encontrarse con EP y con OB.