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Epidemiology of health risk behavior among university students

Tomires Campos Lopes¹, Gabriel Gastélum-Cuadras², Artur Luís Bessa de Oliveira¹, Gabriel El-Corab Esteves^{3,*}, Andréa Carmen Guimarães³, João Rafael Valentim-Silva⁴, Estélio Henrique Martin Dantas⁵

¹Federal University of Mato Grosso (UFMT) - School of Physical Education, Department of Physical Education. Cuiabá, Mato Grosso, Brazil.

²Program in Physical Culture Sciences, School of Physical Culture Sciences. Autonomous University of Chihuahua. Sport, Health: Dermatoglyphics (Deporte, Salud: Dermatoglifia; DeSalud, A.C.). Chihuahua, Chihuahua, Mexico.

³Federal University of São João del-Rei (UFSJ). São João del-Rei, Minas Gerais, Brazil

⁴Laboratory of Biotechnology of Oswaldo Cruz Foundation, Researcher Partner of the Physical Education Department of the Federal University of Rondônia (UNIR). Porto Velho, Rondônia, Brazil.

⁵Human Motricity Biosciences Laboratory (LABIMH), Federal University of the State of Rio de Janeiro (UNIRIO). Rio de Janeiro, Rio de Janeiro, Brazil.

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KEYWORDS

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ABSTRACT

Objective: Quantify and qualify students' physical activity at the Federal University of Mato Grosso (UFMT) and compare them between entering and graduating.

Methods: The National College Health Behavior Survey (NCHRBS) questionnaire was adapted and validated for Brazilian undergraduate students and only addressed aspects related to physical activity. Of the 18,986 students enrolled in the five UFMT campuses, 9,720 students accessed the questionnaire. Of these, 7,379 had their responses validated, corresponding to 75.92% of accesses or 38.87% of the universe studied. Data were tested for normality by the Kolmogorov-Smirnov method, and their differences were determined by the Kruskal-Wallis or Mann-Whitney tests, followed by Dunn's post hoc test.

Results: Differences were observed in the level of physical activity among university students. Students from the Rondonópolis campus had lower physical activity results (p = 0.0008), while Linguistics and Letter students also had lower physical activity levels than students from other areas. Additionally, female students (n = 57.49%; p < 0.05) had lower physical activity levels than males, as well as entering compared to graduating (p = 0.0005).

Conclusion: It is evident that young students' health risk behavior is characterized by physical inactivity, which challenges senior management for the necessary investment in policies that encourage women and newcomers to participate in regular physical exercise on the five campuses.

*Corresponding author:

Departmento de Medicina, Universidade Federal de São João del-Rei

Addr.: Praça Afonso Dalle, 330 A. São João del-Rei, MG, Brazil | CEP: 33.301-012

Phone: +55 38 99204-9696

E-mail: gabrielcorabesteves@gmail.com (Esteves GEC)

The study was conducted at Federal University of Mato Grosso (UFMT)

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INTRODUCTION

Physical activity includes exercises and other activities that involve body movements and is performed as part of games, work, active transport, domestic chores, and recreational activities¹.

Moderate and vigorous physical activity is essential to maintain an adequate and healthy body composition². According to the World Health Organization (WHO)³, physical activity for practitioners over 18 "reduces the risk of ischemic heart disease, diabetes, breast, and colon cancer. Additionally, it reduces the risk of stroke, hypertension, and depression and is a determining factor for energy balance and weight control".

The inversion of this logic allows the rise of chronic non-communicable diseases (NCDs) such as heart disease, stroke, diabetes, overweight and obesity, worsening mental health, quality of life, and well-being. The high number of deaths caused by this group of diseases is seen in Brazil⁴ and worldwide, especially in developing countries⁵. Physical inactivity is, therefore, a risky health behavior.

According to the WHO, the minimum time required for physical activity benefits to be achieved by adults is 150 min per week of moderate physical activity or at least 75 min of intense activity or a combination of both. However, for more significant benefits, adults should perform 300 min of moderate or equivalent activity per week, in addition to muscle-strengthening activities on two or more days of the week, exercising large muscle groups⁶.

Based on this knowledge, the WHO highlights the need to increase physical activity in the world population through an action plan related to non-communicable diseases from 2013 to 2020⁵ and the 2030 Agenda for Sustainable Development⁷.

However, these efforts have not been effective because of the high level of inactivity worldwide⁸. Another study found that in 55 (33%) of 168 countries, more than a third of the population does not practice enough physical activity. In four countries, more than half of adults are insufficiently active: Kuwait (67%), American Samoa (53%), Saudi Arabia (53%), and Iraq (52%). The countries with the lowest physical activity levels are Uganda and Mozambique (6% each)⁹.

From 2013 to 2017, there was a reduction of 1.02%/year in the frequency of insufficient physical activity among women in Brazil. Additionally, obesity indicators have evolved. From 2006 to 2017, the frequency of overweight adults increased by an average of 1.14%/year and obese adults by 0.67%/year; following this trend, the frequency of individuals diagnosed with diabetes increased by an average 0.24%/year¹⁰. The problems resulting from global physical inactivity are related to metabolic syndrome¹¹, overweight^{12,13}, and dementia¹⁴, among others¹⁵.

Population-based studies on undergraduate students' physical activity or inactivity are not standardized, and, therefore, the results cannot be applied to other realities; however, the results follow the representative trends of society in general.

Studies comparing the practice of physical activity showed a higher prevalence among male

students in different countries around the world^{16,17}, but with a low level of practice. The main barriers were attributed to long hours of study, lack of energy/fatigue, and lack of company in the different programs analyzed^{18,19}, as well as difficulties in using bicycles for school transport and, therefore, in maintaining physical activity²⁰.

Considering the Federal University of Mato Grosso (UFMT) is located far from the main Brazilian population centers, even with five campuses spread over three different ecosystems, all with different characteristics, a scarcity of research was developed to know the reality of its public academic. Assessing, under these specific conditions, whether students adopt physical activity during their academic life is a necessary task for the precise development of public policies in the region where they are inserted.

Thus, the objective of this epidemiological study is twofold: to quantify and qualify the physical activity/inactivity of students at the UFMT and compare their level of physical activity.

METHODS

This is a descriptive observational study of the health risk behavior of university students from five UFMT campuses, conducted in the 1st academic term of 2018. All undergraduate courses participated. For data collection, an electronic link was provided individually through the institutional webpage to the students, who redirected them to the National College Health Risk Behavior Survey (NCHRBS). Upon accessing the link, the student read the informed consent form and chose to participate or not in the study. After agreeing to participate, the contestants responded to the survey. Although everyone could participate in principle, the exclusion criteria were applied later due to incorrect filling in the form. The questionnaire was adapted and validated for use with Brazilian university students by Franca and Colares in 2010²¹ and applied in Google Docs™.

The instrument used is composed of 51 questions, but this study only addressed the aspects related to physical activity. For this question, eight variables were presented concerning the number of times students performed physical activity during the week, ranging from none to seven times. Therefore, the student could select one of the alternatives foreseen in the questionnaire presented on a Likert scale, never up to seven times a week. Regarding the number of activities performed per week, physical exercise was defined as participation in sports activities for at least 20 min, causing the student to sweat and breathe hard, such as basketball, jogging, swimming, tennis, weight training, cycling, or similar aerobic activities.

Assuming a total of 18,986 students in the UFTM, an estimated proportion of 50%, and an error of 2%, a minimum sample of 3,402 individuals was calculated to achieve a 99% confidence level.

The data were evaluated for normal distribution using the Kolmogorov-Smirnov test and presented a nonparametric distribution. Differences between groups were determined by Kruskal-Wallis followed by Dunn's

post hoc test when comparing three or more groups or the Mann-Whitney classification sum test when comparing two groups. Statistical significance was set at 0.05. All results are presented as mean and standard deviation. Sigma Plot™ version 10 (Systat Software Inc., 2006) was used.

The research was approved by the UNIRIO Research Ethics Committee under the CAAE number: 79742117.0.0000.5285, with decision number 2.520.447, and complied with all ethical principles that rule research in human beings (Brazilian National Health Council Resolution Nr. 466 from December 2012) and the Declaration of Helsinki.

RESULTS

Of the 18,986 students enrolled in the five UFMT campuses in the 1st term of 2018, 9,720 students accessed the questionnaire. Of these, 7,379 had their responses validated, corresponding to 75.92% accesses or 38.87% of the study population.

The sample was characterized by a predominance of first-year students (69.6%), female (57.9%), with an average age of 24.3 \pm 7.1 years, the majority in courses of baccalaureate (80.3%), and full-time (59.9%). No racial or ethnic financial issues have been researched.

Table 1 shows the sample composition divided among campuses, indicating that Sinop had the highest percentage of participation per campus, followed by Rondonópolis and Cuiabá. However, the largest absolute number of participants was observed in the state capital, Cuiabá.

According to the methodology adopted by the

Coordination for the Improvement of Higher Education Personnel (CAPES) of the Brazilian Ministry of Education (MEC), the participants were distributed by areas of knowledge on all campuses; also, eight areas were considered, based on existing courses at UFMT. The data demonstrated an unequal distribution of courses across the campuses, depending on the vocation of the region where each one is located. There was a predominance of student participation from Applied Social Sciences, followed by Human Sciences and Engineering, while there was a low adherence from Linguistics and Arts.

Table 2 shows the profile of weekly physical activity on all campuses and the different values for entering and graduating students for each site. Again, the frequency distribution by strata reveals little physical activity on the campuses.

Figure 1 reveals students on the Rondonópolis campus had higher risk behaviors than students on the Araguaia campus. The average number of physical activities performed was one to two times on almost all campuses. Statistically significant differences for physical inactivity were found between the Rondonópolis campus versus Araguaia, Cuiabá, and Sinop; all other comparisons showed no differences.

Figure 2 confirms the results of the comparisons between the study areas of all universities. However, no comparison was made in the Várzea Grande campus because it offered only the engineering course.

Analyzing each location separately, it was noticed that the students participated little in physical activities during the weekly sessions, confirming that the risk behavior was more prevalent in the Cuiabá and Rondonópolis campuses than in the other campuses.

Table 1 – Composition of the sample by campus and study areas, expressed as n(%).

Demographic composition by campus							
Variables	Population	Sample					
		Total	Fem	Male	Entering *	Graduating †	
Araguaia	2,494	805 (30.59)	476 (59.13)	329 (40.87)	209 (25.96)	138 (17.14)	
Cuiabá	10,157	4,152 (39.89)	2,411 (58.07)	1,741 (41.93)	1,264 (30.44)	772 (18.59)	
Rondonópolis	3,739	1186 (30.94)	670 (56.49)	516 (43.51)	351 (29.60)	224 (18.89)	
Sinop	1,835	914 (45.78)	563 (61.60)	351 (38.40)	255 (27.90)	212 (23.19)	
Várzea Grande	761	322 (39.82)	122 (37.89)	200 (62.11)	121 (37.58)	20 (6.21)	
Total	18,986	7,379 (38.87)	4,242 (57.49)	3,137 (42.51)	2,200 (29.81)	1,366 (18.51)	

Sample composition by area							
Variables							
	Araguaia	Cuiabá	Rondonópolis	Sinop	Várzea Grande	Total	
Applied Social	125 (15.53)	1,025 (24.69)	365 (30.78)	-	-	1,586 (20.39)	
Sciences							
Agricultural Sciences	82 (10.19)	398 (9.59)	70 (5.90)	230 (25.16)	-	831 (10.68)	
Linguistics,	34 (4.22)	275 (6.62)	29 (2.45)	-	-	351 (4.52)	
Language &							
Literature and Arts							
Life Sciences	44 (5.47)	263 (6.33)	81 (6.83)	170 (18.60)	-	595 (7.65)	
Health Sciences	223 (27.70)	826 (19.89)	145 (12.23)	253 (27.68)	-	1,535 (19.73)	
Engineering	176 (21.86)	409 (9.85)	285 (24.03)	195 (21.33)	322 (100)	1,464 (18.82)	
Humanities	34 (4.22)	569 (13.70)	168 (14.17)	-	-	803 (10.32)	
Exact and Earth	87 (10.81)	387 (9.32)	43 (3.63)	66 (7.22)	-	614 (7.89)	
Sciences							
Total	805 (100)	4,152 (100)	1,186 (100)	914 (100)	322 (100)	7,779 (100)	

^{*1}st and 2nd semesters / † 8th to 10th semesters

Table 2 – Number of times that physical activity was performed per week, by campus and areas for incoming and

graduating	students.	expressed	as n(%).

graduating students, expressed as n(%).										
Profile of weekly physical activity among campus										
Nr of times	Araguaia	Cuiabá		Rondonópolis	lis Sinop		árzea Grande	e Tot	Total	
7	47 (5.43)) 168 (4.13)		59 (4.97)	59 (4.97) 90 (10.43)		12 (3.73) 376 (5.		.15)	
6	26 (3.01)	89 (2.19)		30 (2.53) 88 (10.2		.2)	2) 7 (2.17)		249 (3.41)	
5	78 (9.02)	272 (6.69)		64 (5.4) 79 (9.15)		15)	23 (7.14)	516 (7	516 (7.06)	
4	57 (6.59)	243	(5.97)	54 (4.55) 45 (5.2		21) 18 (5.59)		417 (5.71)		
3	107 (12.37)	406	(9.98)	108 (9.11) 70 (8.		11) 35 (10.87)		726 (9.94)		
2	87 (10.06)	451	(11.09)	111 (9.36) 106 (12.28)		.28)	43 (13.35)	798 (10	798 (10.93)	
1	99 (11.45)	449	(11.04)	112 (9.44)	68 (7.8	38)	42 (13.04)	770 (10).54)	
0	364 (42.08)	1,990	(48.92)	648 (54.64)	317 (36	.73)	142 (44.1)	3,461 (4	7.38)	
Total	865 (100)	4,06	8 (100)	1,186 (100)	863 (1	00)	322 (100)	7,304 (100)	
	Number of weekly physical activity sessions - Entering and Graduating									
Variables	7	,	-		ber of times		4	0	Tatal	
Araguaia	/	6	5	4	3	2	1	0	Total	
Araguaia Entering	8 (3.24)	6 (2.43)	45 (18.22)	11 (4.45)	22 (8.91)	16 (6.48)	30 (12.15)	109 (44.13)	247	
Araguaia Graduating	4 (0.89)	6 (1.33)	51 (11.31)	56 (12.42)	70 (15.52)	90 (19.96)	119 (26.39)	55 (12.20)	451	
Cuiabá Entering	63 (4.95)	16 (1.26)	81 (6.37)	58 (4.56)	107 (8.41)	154 (12.11)	140 (11.01)	653 (51.34)	1272	
Cuiabá Graduating	31 (3.97)	23 (2.95)	59 (7.56)	56 (7.18)	91 (11.67)	84 (10.77)	75 (9.62)	361 (46.28)	780	
Rondonópo lis Entering Rondonópo	20 (5.57)	12 (3.34)	25 (6.96)	11 (3.06)	26 (7.24)	32 (8.91)	31 (8.64)	202 (56.27)	359	
lis Graduating	12 (5.17)	5 (2.16)	9 (3.88)	16 (6.90)	33 (14.22)	22 (9.48)	26 (11.21)	109 (46.98)	232	
Sinop Entering	18 (6.87)	7 (2.67)	33 (12.60)	21 (8.02)	20 (7.63)	32 (12.21)	21 (8.02)	110 (41.98)	262	

11 (5.45)

10 (7.75)

2 (7.69)

Based on the findings presented in Figure 2, an analysis was conducted to show the possibility of differences between the programs in the areas with the lowest level of physical activity on the Cuiabá and Rondonópolis campuses. According to Figure 3, however, no significant differences were found between them.

7 (3.47)

3 (2.33)

85 (2.15)

13 (6.44)

7 (5.43)

2 (7.69)

325 (8.21) 252 (6.36)

Sinop

Grande

Entering Várzea Grande

Graduating

Total

Graduating Várzea 9 (4.46)

7 (5.43)

1 (3.85)

173 (4.37)

Table 2 displays the number of physical activity sessions between entering and graduating students, whereas Figure 4 compares the risk behavior among both groups. The comparative analysis between first-year students and seniors did not indicate a clear pattern regarding the number of physical activity sessions, the same occurring in comparing the different locations. For each variable, students behave differently depending on their university. However, incoming students showed a predominance of absolute inactivity, except for students on the Sinop campus. Consequently, graduating students predominated in physical activity two to three times a week. Figure 4A revealed a difference between incoming and graduating students from all campuses and the Araguaia campus (p = 0.0001, both) and Cuiabá campus (p = 0.0051), with no other difference observed. Finally,

Figure 4B does not show differences in a comparison between fields that differ when entering Sinop.

15 (7.43)

15 (11.63)

3 (11.54)

91 (45.05)

60 (46.51)

10 (38.46)

1,760

(44.44)

202

129

26

3960

Figure 5 exhibits a comparison of risk behavior by gender for each campus and in general. Again, there was a higher risk behavior among women, with significant differences in all comparisons (p<0.05). Comparatively, men showed increased physical activity, especially at the Cuiabá and Sinop campuses.

DISCUSSION

29 (14.36)

16 (12.40)

2 (7.69)

27 (13.37)

11 (8.53)

6(23.08)

416 (10.51) 474 (11.97) 475 (11.99)

The study presents as the main findings the physical inactivity of UFMT students as established by the WHO, especially among the female population. Even considering a higher level of physical activity practiced by students in the Health area and graduating, the rates are still precarious.

The regular practice of physical activity has several benefits, which have been described in the literature²²⁻²⁴. This indicates the relevance of conducting a population survey on the practice of physical activity

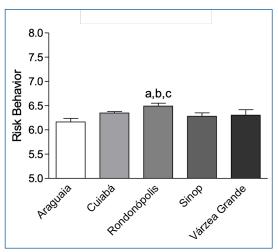


Figure 1 — Distribution of average physical inactivity on each of the campuses. a, b, c = Differences were observed between Rondonópolis vs Araguaia (p = 0.0008), Cuiabá (p = 0.037) and Sinop (p = 0.0167), respectively. All other comparisons do not differ. For comparisons, Kruskal-Wallis with Dunn's post hoc test with a 5% significance level was used.

among UFMT students and identifying whether lifestyles adopted during the university period influence physical activity.

Undergraduate students at UFMT practice less physical activity than what is recommended by the WHO³. In an assessment between campuses, there was a significant difference below the overall average of UFMT. However, insufficient levels of physical activity have been reported in several other studies. In 2016, 379 university students in Cali, Colombia, were analyzed²⁵, showing groups of male and female students with unhealthy physical activity practices, regardless of whether they were working. Calestine et al. (2017)²⁶ observed sedentary behavior and obesity in 512 students in the United States and related it to the excessive use of social media. The same phenomenon was observed in Brazil, where a study in the Northeast region found a 52% prevalence of sedentary lifestyle in 605 students²⁷; 30.8% of students in a sample from the Southern region also exhibited an insufficient level of physical activity²⁸.

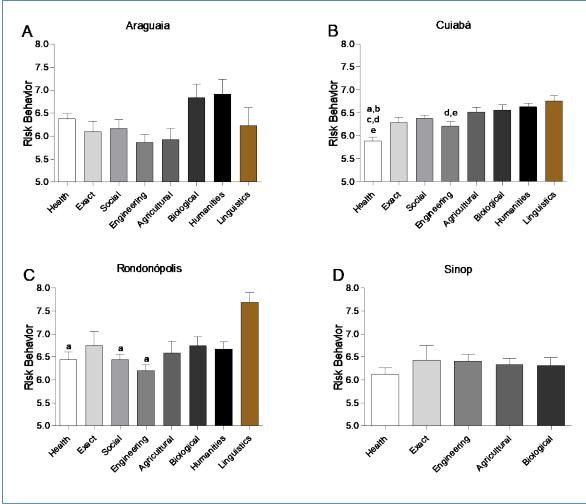


Figure 2 — Comparison of risk behavior of physical inactivity in intraprogram research. (2B) a, b, c, d, e = the health area has less risky behavior than the Social area (p = 0.0092), Agricultural, Biological (p = 0.0001), Human (p = 0.0001) and Linguistics (p = 0.0001). (2C) a = presents a higher risk behavior for the Linguistics area when compared to the Health area (p = 0.0003), Social area (p = 0.0007) and Engineering area (p = 0.0001).

To compare physical inactivity, the Kolmogorov—Smirnov normality test was performed followed by Kruskal—Wallis with Dunn's post hoc test with a 5% significance level.

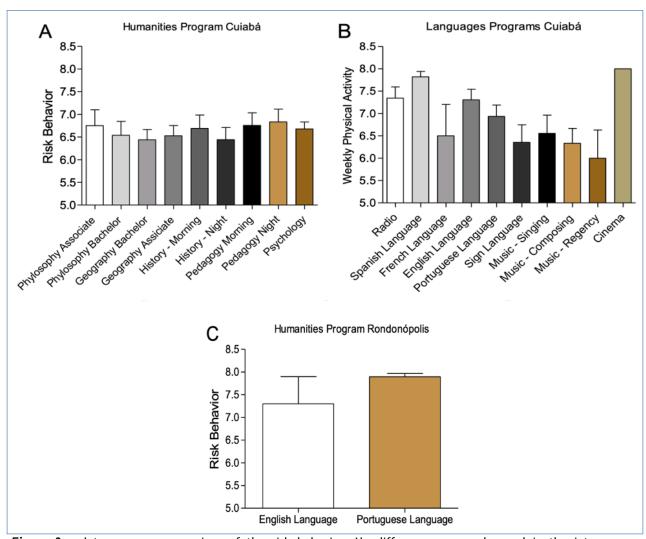


Figure 3 — Intraprogram comparison of the risk behavior. No differences were observed in the intraprogram comparison of weekly physical inactivity (p > 0.05). (A) = Humanities Programs - Cuiabá; (B) Language Programs - Cuiabá; (C) Linguistics Programs - Rondonópolis. To compare the level of physical inactivity, the Kolmogorov-Smirnov normality test was first performed, followed by the Kruskal—Wallis test with Dunn's post hoc test for Figures 1A and 1B, and Mann—Whitney test for Figure 1C.

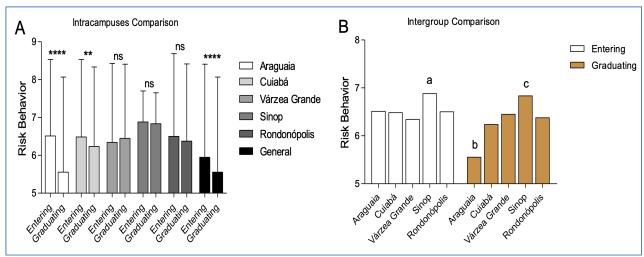


Figure 4 — Comparison of risk behavior among entering and graduating students from all campuses.

(4A) Difference between entering and graduating students (**** p = 0.0001; ** p = 0,0051; ns = no difference).

(4B) a, and b= higher risk behavior; c= lower risk behavior between intracapus entering and graduating students.

To compare the level of physical inactivity, the Shapiro-Wilks normality test was initially performed, followed by Kruskal-Wallis with Dunn's post hoc test with a 5% significance level.

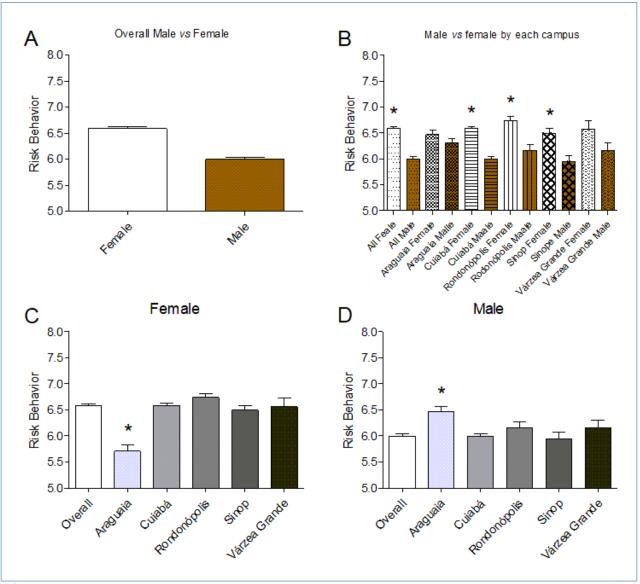


Figure 5 — Weekly physical inactivity: gender comparison of all campuses.

- (A) *= p<0.05 Significant differences between women and men in general.
- (B) *= p<0.001 Significant differences between male and female by campus.
- (C) *= p < 0.001 Significant differences between the Araguaia risk behavior for all (female).
- (D) *= p<0.05 Significant differences between the Araguais to Overall, Cuiabá and Sinop (Male).

To compare the level of physical inactivity, the Kolmogorov-Smirnov normality test was first performed followed by the Mann-Whitney test (A), or Kruskal-Wallis with the Dunn post hoc test (B, C, D).

Like our study, other authors also found higher physical inactivity among females²⁹⁻³¹ with a consequent increase in the rates of obesity¹²⁻¹⁴, diabetes mellitus, hypercholesterolemia, metabolic syndrome, and hypertension³².

Comparing the UFMT undergraduate programs in Health of Sciences, the number of weekly physical activity sessions among students was statistically higher on the Cuiabá and Rondonópolis campuses, representing 31.72% of the total students evaluated. These results are consistent with a study conducted in Brazil, which reported a good level of physical activity in Physical Education, Physical Therapy, Nursing, and Nutrition students¹⁸.

The differences in the amount of physical activity performed by students entering and graduating may

reveal characteristics acquired during their life as university students.

To understand the university lifestyle effect on engaging in sedentary risk behavior, entering and graduating students were compared. It was observed that the university experience had a positive impact on physical activity behaviors once the graduating students participated in physical activity more than those entering. This result is inconsistent within the published literature, agreeing with the findings of a study conducted in Piauí in which entering students were more sedentary than those graduating³³. Also, a study conducted in the Amazonas found that graduating students were more adept at physical activity than those entering³⁴. However, it diverges from the findings of another work conducted in Brazil with a sample size of

1,599 students from Paraná, which found that graduating students were those most likely to have insufficient physical activity³⁵. Abroad, the results from a North American study showed a low level of physical activity among female college freshmen³⁶. A recent study conducted in the United States also revealed barriers to exercise such as lack of time, energy, and willpower in male and female students classified as traditional or nontraditional³⁷. Also, a different study in the US did not show differences between entering and graduating students regarding participation in intramural physical activity³⁸.

The main limitation of this study is the cross-sectional analysis that does not allow longitudinal student monitoring. Additionally, the self-reported collection modality may not portray a reality that would be found in a follow-up study with practical intervention. Finally, the diversity of the sample related to five campuses with different characteristics and courses with different interest profiles that, on the one hand, is significant, eliminates the homogeneity seen in other studies.

Note that more significant investment in policies to promote physical activity among university students in all areas is necessary so that its intensity be equal to or higher than the levels recommended for those over 18 years of age, mainly among young women, and for the creation of mechanisms for adhering to physical activity upon entering all university campuses. This study sheds light on the importance of the awareness that future professionals should have concerning harmful behaviors to their lives and, consequently, to society in general.

CONCLUSION

The research showed a significant number of students who, from a young age, maintain the risky behavior of physical inactivity, most in women and in the incoming. Among those who most practice physical activities are those in the health area, showing a change in posture imposed by the academic trajectory of the Federal University of Mato Grosso and coherence with a training area in which one intends to work.

The highest perceived amount of physical activity, between once and twice a week, reveals a disagreement between what is recommended and what is found among the research participants, which denote a coexistence of assuming a risk of long-term chronic disease.

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Data analysis and interpretation: TL, AO

Data collection: TL

Writing of the manuscript: TL, GGC, AG, ED, GE

Critical revision of the text: TL, AO, AG, JRV

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Overall responsibility for the study: TL, AO

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