Salazar C., C.M.; Feu, S.; Vizuete Carrisoza, M. y de la Cruz-Sánchez, E. (2013). IMC y actividad física de los estudiantes de la Universidad de Colima / BMI and physical activity of the colima university students. Revista Internacional de Medicina y Ciencias de la Actividad Física y el Deporte vol. 13 (51) pp. 569-584. Http://cdeporte.rediris.es/revista/revista51/artIMC405.htm

ORIGINAL

BMI AND PHYSICAL ACTIVITY OF THE COLIMA UNIVERSITY STUDENTS

IMC Y ACTIVIDAD FÍSICA DE LOS ESTUDIANTES DE LA UNIVERSIDAD DE COLIMA

Salazar C., C.M.¹; Feu, S.²; Vizuete Carrizosa, M.³ y de la Cruz-Sánchez, E.⁴

Spanish-English translation: Manuel Vizuete Carrizosa, mvizuete@unex.es

Código UNESCO / UNESCO code: 3212 Salud Pública / Public Health, 5802 Organización y Planificación de la Educación / Organization and Planning Education

Clasificación Consejo de Europa / Council of Euorope classification: 17. Otras: Actividad Física y Salud / Other: Physical Activity and Health

Recibido 16 de julio de 2011 Received June 16, 2011 Aceptado 29 de noviembre de 2011 Accepted November 29, 2011

ABSTRACT

Objective: To determine the BMI of Colima university students and its relation to physical activity and sedentary time related to age, gender and university cycle. **Material and Methods:** 370 students, 51.1% female and 48.9% male. We have had being employed the short version of the IPAQ questionnaire and the BMI was determined taken in consideration the measurement of weight and height. **Results:** The mean BMI was 25.20 ± 4.14 . Men have a BMI greater than women (p <.01).

¹ Licenciada en Comunicación Social. Facultad de Ciencias de la Educación. Universidad de Colima, México. Mail: grillosalazar@gmail.com

² Dr. en Ciencias de la Actividad Física y el Deporte. Facultad de Educación. Universidad de Extremadura, España. Mail: sfeu@unex.es

³ Lic. en Ciencias de la Actividad Física y el Deporte. Dr. en Historia Contemporánea. Facultad de Educación. Universidad de Extremadura, España. Mail: mvizuete@unex.es

⁴ Dr. en Ciencias de la Actividad Física y el Deporte. Universidad de Murcia. Mail: erneslacruz@um.es

The 50.3% of men have a BMI> 25. Students aged between 21 and 25 years have a significantly higher BMI than those under 21 years (p <.01). A body mass index (BMI) is associated with obesity, inactivity (OR 3.47) **Conclusions**: The BMI of men is higher than women. Compared with active subjects, sedentary students are mainly obese than actives ones.

KEYWORDS: Exercise, Sport, Obesity, University.

RESUMEN

Objetivo: Conocer el IMC de los universitarios de Colima y su relación con la actividad física y el tiempo sedentario en función de la edad, sexo y ciclo universitario. **Material y Métodos:** participaron 370 estudiantes, el 51.1% mujeres y el 48.9% hombres. Se utilizó la versión corta del cuestionario IPAQ y el IMC se determinó a partir de la medición del peso y la altura. **Resultados:** el promedio del IMC fue de 25.20 \pm 4.14. Los hombres tienen un IMC superior a las mujeres, (p<.01). El 50.3% de los hombres tiene un IMC>25. Los estudiantes con edades entre 21 y 25 años tienen un IMC significativamente superior que los menores de 21 años (p<.01). Un índice de masa corporal (IMC) con obesidad se asocia con la inactividad (OR 3.47)

Conclusiones: El IMC de los varones es mayor que el de las mujeres. Comparados con los sujetos activos, los estudiantes sedentarios son obesos en mayor medida.

PALABRAS CLAVES: Ejercicio, Deporte, Obesidad, Universitarios.

INTRODUCTION

Obesity has been had considerate as the most common metabolic disorder in every country in the world. Mexico is one of the most affected countries by the obesity; it's one of the most serious public health country^{1,2}. The availability of energy-dense fast processing and relatively low costs along with a reduction in physical exercise and an alarming increase in obesity that favor sedentary lifestyle is one of the main determinants of health in our society.

This problem is one of the most influence factors on the people's quantity and quality of life³, in favor of the emergence of people's disorders in terms of physiological and psychological effects. The physiological level is the one of the main factors for the concurrence of other chronic diseases such as hypertension, type 2 diabetes mellitus and other disease markers cardiovascular disorders^{4,5,6}.

To determine obesity or overweight has been had employed as a parameter for measuring the body mass index (BMI)^{4,7}. Various institutions and recommend

cutoffs to establish different degrees that are associated with health status and even adapted to infancia percentiles⁸. A measure of classification of subjects according to BMI is done with the following system categories: Poor (BMI <18.5), normal (\geq 18.5 and <25), overweight (\geq 25 and <30) and obesity (\geq 30)

Physical activity and sedentary lifestyle on health

Some studies have had linked physical inactivity with some major chronic³, non transmisibles diseases^{9,10,11}, and some others studies have had linked physical inactivity with mortality for some others non transferable chronic diseases^{12,13}.

At the contrary, the regular physical activity (PA) reduces the risk of cardiovascular disease, stroke, and some ones cancer's types¹⁴. It was found that physical activity promotes general health improvement^{13,15,16}, bringing us benefits in the three dimensions that make up the term health: biological, psychological and social.

An active lifestyle with PA regularly performing have has positive effects on the control and prevention of chronic diseases such as obesity, hypertension, diabetes mellitus types II^{5,9,17-20}. Some studies have found that AF contributes to the decreased corporal fat^{21,22}.

Furthermore, the PA can also bring us psychological benefits²³, improving self consideration²⁴, corporal hedonism^{25,26} and mood in general^{15,27,28}, and decreasing anxiety and depressive states^{29,30}. The third dimension of health is related to the social activity that provides by sports and physical activities connecting the people among them^{31,32}.

In recent times it has been had paying attention to another possible determinants on the performance of PA, such as the educational level and the practices of parent's PA to come in overweight, the type of residence, the perceived health, the dietary pattern and the idea of a healthy general lifestyle³³. Less a decade ago the obesity problem was associated with high or low socioeconomic status and sex, however, the pandemic has reached equally all levels and no longer a unique problem associated to women or socials classes³⁴. Among university students, risk behaviors are common in a lifestyle characterized by bad eating habits, poor sleep, physical inactivity, excessive consumption of both alcohol and snuff and high levels exposure of stress during the study years; all these circumstances identified to them as a risk's population¹³. This figure is worrying enough to be alert about the PA levels and the inactivity of young Americans and more especially in Mexico. This study aimed to know the BMI of Colima university students and the impact of physical activity and sedentary time related to age, gender and university cycle.

MATERIAL AND METHOD

The study evaluates the BMI, PA levels and sedentary habits at university's students from Colima from the perspective of age, gender and university cycle.

Population: The population to study was undergraduate students at the Colima State- México of, N = 9975. We conducted a random cluster sampling, respecting gender quotas, populations of each semester and graduate degrees in. We assumed a 5.1% of error margin with a 95% confidence level. The study involved 356 students, 51.1% female and 48.9% male. The population has a mean age of 20.98 ± 2.24 years.

Variables: The study analyzes the BMI and its association with physical activity variables, regular physical activity and sport in leisure time, self-perception of fitness and health. We also used the age, sex and the cycle attends college students (= junior students of the second and fourth semester and second cycle = students of sixth and eighth). The latter variable is justified because homogenizes the educational demands of students and the same measurements were made in the second half of the academic year coinciding with the half pairs.

Instrument: We have had employed items from the International Physical Activity Questionnaire (IPAQ) to measure the taken time to move in moderate and vigorous intensity activities and sedentary activities³⁵. The BMI is determined by measuring height and weight and subsequently was classified³⁶. It also was introduced three questions that were answered on a Likert scale. The one on the frequency of physical and sporting activities in leisure time and the two on the state self perceived physical condition (How you consider your state of fitness level?) And health status (how you consider your health status?).

Statistical analysis: The association between BMI and sex-university and university cycle was studied through a contingency table, and its associated statistical analyzing corrected residuals (RTC). We studied the BMI and physical activity level, original taken as a continuous variable, depending on the age range, gender and university cycle. A nonparametric test for the study of data normality and homoscedasticity was employed. Finally we implemented a multinomial logistic regression model, calculating odds ratios and their confidence intervals at 95% to establish the degree of association between BMI and the other variables, taking as covariates gender, age range and cycle university. The analysis was performed with SPSS 17.0 software.

RESULTS

BMI analysis depending on age, sex and university cycle

The results of BMI according to the classification of OMS 37 (Table 1) indicate that 52.7% of college students are within the normal weight (BMI <25), 33.3% in overweight (BMI \geq 25 and <30), and 9.1% in securities of obesity (BMI \geq 30), Table 2. The 54.4% of men in the first cycle and 41.7% in the second cycle has a BMI within the normal weight. The 33.3% of the men in the first cycle is overweight and 8.9% obese, while 42.9% of men in the second cycle are overweight and 14.3% are obese

On the other hand, 65.3% of women in the first cycle and 64.2% in the second cycle is within the normal weight. The 19.8% of the women in the first cycle and the second 23.5% are overweight.

By using nominal variables was decided to conduct a contingency table to study the association between sex, and BMI university cycle (Table 1). Statisticians (X2 (df = 3) = 18.43, p <.01) indicate that in the second cycle there are a significant association between the variables, while the first cycle is not (X2 (df = 3) = 6.24, p>. 05). The residuals corrected indicate that there are more cases of overweight (RTC = 2.1) than expected in the junior boys and more cases of overweight (RTC = 2.6) and obesity (RTC = 2.4) than expected in men of second cycle. It is also noted that there are fewer cases than expected in the normal weight men in the second cycle (RTC = -2.9).

Table 1. Cross tabulation between BMI classified, sex and the cycle university students.

			Classification of BMI				
Course	Sex		Underweight <18.5	Normal weight <25	Overweight 25 a 30	Obese > 30	Total
2 & 4	Man	Count	3	49	30	8	90
semesters		% within sex	3.3%	54.4%	33.3%	8.9%	100.0%
		% Classification of BMI within	27.3%	42.6%	60.0%	53.3%	47.1%
		% total	1.6%	25.7%	15.7%	4.2%	47.1%
		RTC	-1.4	-1.5	2.1	.5	
	Woman	Count	8	66	20	7	101
		% within sex	7.9%	65.3%	19.8%	6.9%	100.0%
		% Classification of BMI within	72.7%	57.4%	40.0%	46.7%	52.9%
		% total	4.2%	34.6%	10.5%	3.7%	52.9%
		RTC	1.4	1.5	-2.1	5	
	Total	Count	11	115	50	15	191
		% within sex	5.8%	60.2%	26.2%	7.9%	100.0%
		% Classification of BMI within	100.0%	100.0%	100.0%	100.0%	100.0%
		% total	5.8%	60.2%	26.2%	7.9%	100.0%
6 & 8	Man	Count	1	35	36	12	84
semesters		% within sex	1.2%	41.7%	42.9%	14.3%	100.0%
		% Classification of BMI within	12.5%	40.2%	65.5%	80.0%	50.9%
		% total	.6%	21.2%	21.8%	7.3%	50.9%
		RTC	-2.2	-2.9	2.6	2.4	
	Woman	Count	7	52	19	3	81
		% within sex	8.6%	64.2%	23.5%	3.7%	100.0%
		% Classification of BMI within	87.5%	59.8%	34.5%	20.0%	49.1%
		% total	4.2%	31.5%	11.5%	1.8%	49.1%
		RTC	2.2	2.9	-2.6	-2.4	
	Total	Count	8	87	55	15	165
		% within sex	4.8%	52.7%	33.3%	9.1%	100.0%
		% Classification of BMI within	100.0%	100.0%	100.0%	100.0%	100.0%
		% total	4.8%	52.7%	33.3%	9.1%	100.0%

Taking BMI classified variables and physical activity level as ordinal variables differential analysis was performed according to sex, age and cycle (Table 2). Significant differences in BMI classified according to sex and age (p < .01). Students who were between 21 and 25 years had a significantly higher BMI than those under 21 years (p < .01). Men had a higher BMI (p < .01).

Table 2. Differential analysis of BMI by gender and students cycle and correlation function of age

	Sex		Cycle		Age	
	U	p	U	p	U	p
BMI classified	11817,00	.000**	14454.00	.130	14.96	.001**
Physical activity	14491,00	.142	15610.50	.872	1.083	.582

^{**}p<.01

We studied the body mass index classifying the participants in terms of physical activity, physical activity in leisure time and the level of self-perceived physical condition through a multinomial logistic regression. To facilitate interpretation of the

data is merged the categories "Underweight" and "Normal weight" in BMI and "very inactive" and "Inactive" on physical activity levels.

Of the total, 62.1% were classified within the normal weight, while 29.5% were overweight and 8.4% obese (Table 3). Also offered are percentages of BMI levels depending on the variables of sex, age group, cycle and physical activity, physical activity in leisure time, and self-perceived fitness level. The 78.4% of respondents stated that having a good physical condition although only 26.1% frequently physically active in their time while 51.1% do so sporadically. A 40.2% perceive that they have a bad health condition and 39.9% as good.

Table 3. Descriptive use of the variables used in the multinomial logistic regression.

	N (%)	Normal weight	Over weight	Obese
Total	356	62.1%	29.5%	8.4%
Sex				
Man	174 (48.9%)	24.7%	18.5%	5.6%
Woman	182 (51.1%)	37.4%	11.0%	2.8%
Age group				
0 – 20 yo	169 (47.5%)	34.0%	11.2%	2.2%
21 – 25 yo	177 (49.7%)	26.4%	18.0%	5.3%
Más de 25 yo	10 (2.8%)	1.7%	.3%	5.3%
Cycle				
2 – 4	191 (53.7%)	35.4%	14.0%	4.2%
6 – 8	165 (46.3%)	26.7%	15.4%	4.2%
Physical Activity				
Inactive	192 (53.9%)	32.3%	15.7%	5.9%
Moderately active	42 (11.8%)	22.2%	10.7%	1.4%
Active	122 (34.3%)	62.1%	29.5%	8.4%
Physical activity in leisure ti	ime			
No	81 (22.8%)	14.6%	5.6%	2.5%
Sporadically	182 (51.1%)	30.6%	16.6%	3.9%
Frequently	93 (26.1%)	16.9%	7.3%	2.0%
State perceived fitness				
Bad	6 (1.7%)	.6%	.8%	.3%
Not too bad	71 (19.9%)	9.6%	6.7%	3.7%
Good	279 (78.4%)	52.0%	21.9%	4.5%
Perceived health				
Bad	143 (40.2%)	22.8%	13.8%	3.7%
Not too bad	71 (19.9%)	11.8%	5.6%	2.5%
Good / very good	142 (39.9%)	27.5%	10.1%	2.2%

We have had implemented an analysis of those classified "overweight" and "obesity" respect to the reference category of "normal weight" and with a multinomial logistic regression model, have had calculated odds ratios and their intervals confidence at 95 % to establish the association degree with physical activity, frequency of physical activity in leisure time, the perceived state of health and fitness. The results indicate at Table 4 show us that the inactive (OR 3.37) are more near to became obese than those who are classified as assets with respect to the reference category of "Normal weight". No association was found between physical activities in leisure time.

Furthermore, associations were found between the perceived state of fitness in both, overweight and obesity, related to the reference group "Normal weight". Self-reported student with regular physical fitness were more likely to be classified as overweight (OR 1.86) and obesity (OR 5.55) than theses self perceived like in good physical condition. No association with the group of poor physical condition although descriptive indicate that a very small group, 1.7% of participants. At the end, we haven't had not found significant association between overweight and obesity related to the perceived health status.

Table 4. Results of the multinomial logistic regression model (OR and 95% CI) in Colima college examining the association between BMI and physical activity level.

	Sobrepeso	Obesidad	
Physical Activity Levels (daily expenditure. N	flets)		
Active (≥ 40)	1	1	
Inactive (< 37 mets)	1.12 (.67 - 1.89)	3.37 (1.19 - 9.55) *	
Moderately actives (37 - 39.99 mets)	.89 (.39 - 2.04)	2.88 (.69 - 12.03)	
Physical activity in leisure time			
Frequently	1	1	
No	1.06 (.518 - 2.158)	1.88 (.629 - 5.631)	
Sporadically	1.41 (.792 - 2.515)	1.27 (.473 - 3.435)	
State perceived fitness			
Good / very good	1	1	
Bad	4.82 (.73 - 31.93)	6.87 (.47 - 100.70)	
Not too bad	1.86 (1.03 - 3.41) *	5.55 (2.318- 13.31) *	
Perceived health			
Good / very good	1	1	
Bad	1.64 (.95 - 2.81)	1.97 (.75 - 5.13)	
Not too bad	1.09 (.550 - 2.14)	2.02 (.70 - 5.82)	

Odds ratio adjusted for age, gender and university cycle. The comparison group is the "Normal weight". * p <.05

DISCUSSION

In contemporary societies, obesity has become a health problem². However, in a general analysis, the results indicate that the average Colima college students with a BMI below the level of overweight (BMI <25). Similar results were found in studies at other countries universities, Argentina³⁸ and Chile³⁹. These results differ when had been had observed from a gender perspective, males have a higher BMI than women. This sex difference has been shown in several college studies Chile³⁹, Colombia⁴⁰, Germany⁴³ and Spain^{41,42}.

For Colima college men they have has a similar average BMI of 25.2, to those of Chile universities³⁹. Opposite results are obtained in Colombian university studies⁴⁴ and Spanish from Madrid and Valencia 25.37 where the average BMI is within the normal weight (<25)⁴¹. For Colima university women was found a similar BMI

average in the normal weight, 25.41, as in Chile University³⁹ and Latin American countries including Colombia and Europe like Spain⁴⁰.

The average value is not a very reliable for assessing a complete population therefore was used to make a distribution of the population (%) within the BMI classification proposed by WHO. The results indicated that the Colima student population is not stranger to the problem of overweight and obesity, the 38.7% of students are above normal weight (BMI \geq 25). These results are similar to other Latin American university in Chile (32.8%)³⁹ and Colombia (35.1%)⁴⁰, high relative to university of Guadalajara, Mexico (25.9%)⁴⁵, and very high related to Argentine university student³⁸ where only 18% of college students had a BMI >24. Also have had found that 5.1% of students had a low weight (BMI <18.5).

In a deeper analysis, Colima's male university population shows alarming results for the average age of college students (21.22 \pm 2.25) and that 50.3% have a BMI above the normal weight, above women 27.5%. Similar results were found in the Chile university with 45.5% of overweight or obesity³⁹. These results have has a clear contrast with a study of Bolivian university where 27% of men is above normal weight⁴⁶. Regarding Spain, BMI>25 of Colima college is almost double of males Alfonso X Madrid University (28.5%)²⁵ and the universities from Valencia (24.3%)⁴¹. In the case of Colima university the overweight percentage or obese is 27.5% less than the Bolivian university (35%)⁴⁶ and the Spanish University of Valencia (37%)⁴¹.

The results of Colima males are superior to both developing countries such as Bolivia, as developed countries such as Spain. It appears that in countries with emerging economies such as Mexico, Colombia and Chile the male college develop a lifestyle oriented to became overweight or obese. They are also superior in the case of Colima college women. Obesity is a pandemic affecting all socioeconomic levels and it is not a problem unique to women.34. In studies of college Latin America students have had found that students were overweight or obese have has a higher prevalence of risk factors in order to have a metabolic syndrome^{37,38}. The problem of overweight and obesity in adults persists with university worsen in the male case⁷. These results mirror those found in the survey ENSANUT 2006 for the Mexican population range from 20 to 29⁷. This indicates related to the cultural level, remember us that there be in the university is, not a good reason for to have has a good health status and that the education authorities were negligent in their policies towards this sector of the population or before.

The results at the BMI classification in men particularly high suggesting the possibility of more deep studies, taking into account another variables: nutritional habits of other substances, other tasks collated with the study, multi-vendor environment (rural or urban), dig deeper into the kind of gentle movements that the

students ... you will also need to assess body composition through other more accurate methods such as bioimpedance.

Physical activity and BMI

The 53.9% of participants was classified as inactive. According to several studies and international organizations, is recommended at least performing 30 minutes of moderate-intensity physical preferably all, days of the week⁴⁸⁻⁵¹. The study found that only 26.1% of the participants are physically active in their leisure time on a regular basis.

The results indicate that inactive are more likely to be obese than active (OR 3.37), although the study found no associations with regular physical activity at the leisure time, as seen before in other studies⁵². Currently there is no doubt that exercise accompanied by a healthy diet is the best treatment to body weight control, and provided there are no other endocrine diseases. However, it is necessary to determine the most appropriate values of physical activity, frequency, duration and intensity to cause beneficial effects on health. A frequency at least three times per week regularly distributed along the week may be a minimum for the health care⁵³. Some studies recommend at least 30 minutes of moderate physical activity every day of the week^{49,54}, whereas others recommend at least 150 minutes of week physical activity^{50,51}. This activity can be continuous or intermittent with duration of at least 10 minutes in each period⁵⁵. As there is no a general consensus¹⁵, however seems to be an agreement on the usefulness of moderate physical activity daily care of health⁴⁹. The ACSM recommends intensity between 50% and 85% of oxygen consumption reserve¹⁶.

On the other hand, found that subjects who self perceived with regular physical condition are more likely to be classified as overweight and obesity (OR 1.86 and 5.55 respectively) than those classified with a good physical condition. However, this does not happen with self-perceived health. Subjects ranked outside the normal weight feel with lower fitness, probably in their day to day, though not perceive their health as well. Overweight and obesity are conditions that cause diseases in the medium and long term among the young, and the danger is that they are not perceived as a risk at present.

CONCLUSIONS

The study concluded that more than one third of the student population of Colima, Mexico, presents problems of overweight and obesity. For males these problems are more pronounced with respect to women, being necessary to study the causes in future studies from a broad perspective encompassing analysis lifestyles, the socio-economic conditions and social support environment.

College students are overweight or obese are placed in a situation of risk for a metabolic syndrome in the future and therefore must be implemented solutions to promote a healthy lifestyle. Among the related variables to lifestyle, be concluded that the inactive classified students as are more likely to be obese than assets and have has a poor perception of one's physical condition and it is too a risk factor for overweight and obesity seem

.

The arrival to college coincides with a decline in the practice of PA. Today the regular practice of physical activity has become one of the main objectives for improving public health⁵⁶, from academic institutions should have had being considered institutional programs in order to reduce the overweight and obesity through a healthy lifestyle. It is necessary to provide coaching on healthy lifestyles, orientation programs so that students go to the practice of AF that best suits their interests and needs, and strategies to improve nutritional habits and consumption. Finally, students must have has facilities for free and individual AF and organized programs aimed at improving health too.

REFERENCES

- 1. Oláiz-Fernández G, Rivera Dommarco J, Shamah-Levy T, Rojas R, Villalpando-Hernández S, Hernández-Ávil M, et al. Encuesta Nacinal de Salud y Nutrición 2006. Cuernavaca, México: Instituto Nacional de Salud Pública, 2006.
- 2. García-García E, De la Llata-Romero M, Kaufer-Horwitz M, Tusié-Luna MT, Calzada-León R, Vázquez-Velázquez V, et al. La obesidad y el síndrome metabólico como problema de salud pública. Una reflexión. Salud Pub Mex 2008:50:530-547.
- 3. Moreno B, Monereo S, Álvarez J. La obesidad en el tercer milenio. Madrid: Editorial Medica Panamericana, 2006.
- 4. Santos S. La Educación Física escolar ante el problema de la obesidad y el sobrepeso. Rev.int.med.cienc.act.fís 2005 [consultado 2010 abril 10]; 5(19):179-199. Disponible en: http://cdeporte.rediris.es/revista/revista19/artobesidadl0.htm
- 5. Cerecero P, Hernández B, Aguirre D, Valdés R, Huitrón G. Estilos de vida asociados al riesgo cardiovascular global en trabajadores universitarios del Estado de México. Salud Pub Mex 2009;51:465-473.
- 6. Koh-Banerjee P, Wang Y, Hu F, Spiegelman D, Willett W, Rimm E. Changes in body weight and body fat distribution as risk factors for clinical diabetes in US men. Am J Epidemiol 2004;159:1150-1159.
- 7. Barquera S, Campos-Nonato I, Hernández-Barrera L, Flores M, Durazo-Arvizu R, Kanter R, et al. Obesity and central adiposity in Mexican adults: results from the Mexican National Health and Nutrition Survey 2006. Salud Pub Mex 2009 suppl 4;51:595-603.
- 8. Barlow S, Dietz W. Obesity evaluation and treatment: Expert committee recommendations. Pediatrics 1998;102(3):29-36.
- 9. Gómez LM, Hernández-Prado B, Morales MC, Shamah-Levy T. Physical activity and overweight/obesity in adult Mexican population. The Mexican National Health and Nutrition Survey 2006. Salud Pub Mex 2009 4:621-629.
- 10. Booth F, Chakravarthy M, Gordon S, Spangenburg E. Waging War On physical inactivity: using modern molecular ammunition against an ancient enemy. J Appl Physiol 2002;93:3–30.
- 11. Eaton SB, Eaton S. An evolutionary perspective on human physical activity: implications for health. Comp Biochem Physiol A Mol Integr Physiol 2003;136:153–159.
- 12. Henríquez C. Mortalidad atribuible a inactividad física en Santiago de Chile. Rev.int.med.cienc.act.fís 2009 [consultado 2010 marzo 8]; 9(34):105-113. Disponible en: http://cdeporte.rediris.es/revista/revista34/artmortalidad101.htm
- 13. Oblitas L. Psicología de la salud y calidad de vida. México: Thompson, 2006.
- 14. World Health Organization. Information sheets: Physical activity. World Health Organization, [consultado 2010 febrero 3]. Disponible en: http://www.who.int/dietphysicalactivity/media/en/gsfs_pa.pdf

- 15. Arruza JA, Arribas S, Gil De Montes L, Irazusta S, Romero S. Cecchini JA. Repercusiones de la duración de la Actividad Físico-deportiva sobre el bienestar psicológico. Rev.int.med.cienc.act.fís 2008 [consultado 2010 enero 15]; 8(30):171-183. Disponible en:
- http://cdeporte.rediris.es/revista/revista30/artrepercusiones83.htm
- 16. ACSM. Manual ACSM para la valoración y prescripción del ejercicio. España: Paidotribo, 2005.
- 17. Márquez JL, Salazar LA. Influencia epigenómica de la actividad/inactividad física en el origen de la Diabetes mellitus tipo 2. RICYDE 2009 [consultado 2010 abril 12]; 16(5):1-20. Disponible en: http://www.cafyd.com/REVISTA/01601.pd
- 18. Kriska A. Can a Physically active lifestyle prevent type 2 diabetes?. Exerc Sport Sci Rev 2003;31(3):132-137.
- 19. Booth ML. Assessment of Physical Activity: An International Perspective. Res Q Exerc Sport 2000;71 suppl 2:114-20.
- 20. Sallis JF, Owen N. Physical activity & behavioral medicine. USA: Sage Publications, 1999.
- 21. Dionne I, Alméras N, Bouchard C, Tremblay A. The association between vigorous physical activities and fat deposition in male adolescents. Med Sci Sports Exerc 2000;32(2):392–5.
- 22. Samaras K, Kelly P, Chiano M, Spector T, Campbell L. Genetic and Environmental Influences on Total-Body and Central Abdominal Fat: The Effect of Physical Activity in Female Twins. Ann Intern Med. 1999;130:873-82.
- 23. Lakka TA, Laaksonen DE. Physical activity in prevention and treatment of the metabolic síndrome. Appl Physiol Nutr Metab 2007;32:76-88.
- 24. Di Lorenzo TM, Bargaman EP, Stucky-Ropp GS, Brassington GS, Frensch PA, LaFontaine T. Long-terme effects of aerobic exercise on psychological outcomes. Prev Med 1999;28;75-85.
- 25. Martínez C, Veiga P, López A, Cobo JM, Carvajal A. Evaluación del estado nutricional de un grupo de estudiantes universitarios mediante parámetros dietéticos y de composición corporal. Nutr Hosp 2005;20(3):197-203.
- 26. Neumark-Sztainer D, Paxton SJ, Hannan PJ, Haines J, Store M. Does body satisfaction Matter? Five-year Longitudinal associations between body satisfaction and health behaviors in adolescent females and males. J Adoles Health 2006;39: 244-251
- 27. Biddle SJH, Fox KR, Boutcher SH. Physical activity and psychological well-being. Londres: Routledge, 2000.
- 28. McLafferty C, Wetzstein C, Hunter G. Resistance training is associated with improved mood in healthy older adults. Percept Mot Skills 2004;93:947-957.
- 29. Olmedilla A, Ortega E, Madrid J. Variables sociodemográficas, ejercicio físico, ansiedad y depresión en mujeres: un estudio correlacional. Rev.int.med.cienc.act.fís 2008 [consultado 2010 abril 11]; 8(31):224-243. Disponible en: http://cdeporte.rediris.es/revista/revista31/artansiedad92.htm

- 30. Petruzzello SJ, Landers D, Hatfield BD, Kubitz KA, Salazar W. A meta analysis on the anxiety-reducing effects of acute and chronic exercise. Sports Med 1991;11(3):143-188.
- 31. Bailey, R. (2006). Physical Education and Sport in Schools: A Review of Benefits and Outcomes. J Sch Health 2006;76(8):397-401.
- 32. Findlay LC, Coplan RJ. Come out and Play: Shyness in Childhood and the Benefits of Organized Sports Participation. Can J Behav Sci 2008;40(3):153-161.
- 33. Elizondo-Armendáriz J, Guillén F, Aguinaga I. Prevalencia de actividad física y su relación con variables sociodemográficas y estilos de vida en la población de 18 a 65 años de Pamplona. Rev Esp Salud Publica 2005;79(5):559-567.
- 34. Mahecha S, Matsudo V. Actividad física y obesidad. Sao Paolo: Ed. Mundo, 2009.
- 35. Mantilla SC, Gómez-Conesa A. El Cuestionario Internacional de Actividad Física. Un instrumento adecuado en el seguimiento de la actividad física poblacional. Rev Iberoam Fisioter Kinesiol 2007;10:48-52.
- 36. Cole, JT., Bellizi, M., Flegal, K. y Dietz, W. (2000). Establishing a standard definition for child overweight and obesity worldwide: international survey. BMJ 320; 1240-1243.
- 37. González E, Palmeros C, Villanueva J, Torres B, Bastida S, Vaquero P, et al. Prevalencia de síndrome metabólico y su asociación con el índice de masa corporal en universitarios. Med Clin (Barc) 2007;29:766-779.
- 38. Girotto CA, Vacchino MN, Spillmann CA, Soria JA. Prevalencia de factores de riesgo cardiovascular en ingresantes universitarios. Rev Saúde Pública 1996:30:576-86.
- 39. Palomo IF, Torres GI, Alarcón MA, Maragaño PJ, Leiva E, Mujica V. Alta prevalencia de factores de riesgo cardiovascular clásicos en una población de estudiantes universitarios de la región centro-sur de Chile. Rev Esp Cardiol 2006;59:1099-1105
- 40. Astudillo-García CI, Rojas-Russell MR. Autoeficacia y disposición al cambio para la realización de actividad física en estudiantes universitarios. Acta Colombiana de Psicología 2006;9:41-49.
- 41. Molina J. Un estudio sobre la práctica de actividad física, la adiposidad corporal y el bienestar psicológico en universitarios. Tesis doctoral. Valencia: Universitat de Valencia, Servei de publicacions, 2007.
- 42. Lameiras M, Calado M, Rodríguez Y, Fernández M. Hábitos alimentarios e imagen corporal en estudiantes universitarios sin trastornos alimentarios. Int J Clin Health Psychol 2003;3:23-33.
- 43. Stock C, Lutz W, Krämer A. Gender-specific health behaviours of German university students predict the interest in campus health promotion. Health Promot Int 2001;16:145-154.
- 44. Vargas-Zárate M, Becerra-Bulla F, Prieto-Suárez E. Evaluación Antropométrica de Estudiantes Universitarios en Bogotá, Colombia. Rev Salud Pública 2008:10:433-442.

- 45. Flores G, Ruiz F, García ME. Relación de algunos correlatos biológicos y demográficos con la práctica físico-deportiva en estudiantes universitarios. El caso de la Universidad de Guadalajara, México. RICYDE 2009 [consultado 2010 abril 5]; 14(5):59-80. Disponible en: http://www.cafyd.com/REVISTA/01406.pdf
- 46. Pérez-Cueto FJ, Eulert ME. Estado nutricional de un grupo de estudiantes universitarios de La Paz, Bolivia. Nutr Hosp 2009;24:511.
- 47. Bes-Rastrollo M, Pérez JR, Sánchez-Villegas A, Alonso A, Martínez-González MA. Validación del peso e índice de masa corporal auto-declarados de los participantes de una cohorte de graduados universitarios. Rev Esp Obes 2005;3(6):352-358
- 48. Canadian Society for Exercise Physiology. Canada's Physical Activity Guide to healthy active living, 2008.
- 49. Pate RR, Pratt M, Blair SN, Haskell WL, Macera CA, Bouchard C. Physical activity and public health. A recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. JAMA 1995;273:402-407.
- 50. Contreras JJ, Espinoza RM, Dighero B, Drullinsky D. Actitud sedentaria y factores asociados en estudiantes de Medicina. Rev Andal Med Deporte 2009:2(4):133-140.
- 51. Durpely J, Lobelo F, Segura C, Sarmiento F, Herrera D, Sarmiento OL, et al. The association between Colombian medical student's healthy personal habits and a positive attitude towards preventive counseling: cross-sectional analyses. BMC Public Health 2009;9:218-214.
- 52. Rodríguez-Hernández, A., Feu, S., Martínez-Santos, R., y de la Cruz-Sánchez, E. Prevalencia y distribución de la inactividad física y el exceso de peso en la población española en edad escolar. EBM.RECIDE 2011;7(3):157-168. Extraído desde http://www.e-balonmano.com/ojs/index.php/revista/article/view/97/84
- 53. Elosua R. Actividad física. Un eficiente y olvidado elemento de la prevención cardiovascular, desde la infancia hasta la vejez. Rev Esp Cardiol 2005;58(8):887-90.
- 54. Vuori I, Andersen LB, Cavill N, Marti B, Sellier P. Physical activity and cardiovascular disease prevention in the European Union. Brussels: The European Heart Network, 1999.
- 55. Pollock ML, Gaesser GA, Butcher JD, Despres JP, Dishman RK, Franklin BA, et al. The recommended quality and quantity of exercise for developing and maintaining cardiorespiratory and muscular fitness, and flexibility in healthy adults. Med Sci Sports Exerc 1998;30(6):975-91.
- 56. García-Hermoso, A., Domínguez, AM., Escalante, Y., y Saavedra, JM. (2009). Aplicación de un programa de ejercicio físico para niños con obesidad infantil severa. EBM.RECIDE 2009;5(1):33-43. Extraído desde www.e-balonmano.com/revista/ v5n1/v5-n1-a3.pdf

Número de citas totales / Total references: 56 (100%) Número de citas propias de la revista / Journal's own references: 4

Rev.int.med.cienc.act.fís.deporte- vol. 13 - número 51 - ISSN: 1577-0354