

Physical Activity Level of Tabriz Teenagers

Saeid Khanmohammadi, Rezagholi Vahidi and Vahideh Sadeghi,

Asghar Mohammad Poorasl, Rasoul Shahnazi and Hossein Jabbari,

National Public Health Management Center, Tabriz University of Medical Sciences, Iran

Abstract: One of the best methods to improve healthy life is promotion of Physical activity level in community. Physical activities are very important in today's society in combating non communicable diseases. Statistics show that in different countries, 40-60% of adults don't do physical activity up to recommended level. Only 20% of individuals do proper physical activity program. Thereby, research was conducted to identify physical activity level of Tabriz teenagers and in order to be able to develop appropriate interventions to improve the situation in teenagers. This study conducted in Tabriz private and public high schools in 2006. Five hundred students were selected by random sampling method. To analyze the data, we used SPSS, Chi-square and Fisher's Exact and Compare mean tests. Findings show that mean level of physical activity among teenagers was 67.64 of 100 points and it also shows that 46.8% of teenagers were doing physical activity most of time. 55.2% of teenagers said they watch TV programs most often and only 43.6% believe it will help them to improve their health. According to the findings of this study and experience of other countries, designing strategies that makes the authorities to become sensitive to potential benefits of promoting physical activities, is important and valuable, especially through health promoting schools and mass media.

Key words: Physical activity, teenagers, non communicable diseases, TV watching, health promotion, lifestyle improvement

INTRODUCTION

International organizations such as WHO believe that one of the best methods to improve lifestyle and combat against non communicable diseases is promoting Physical activities in the society (WHO, 1999). Physical activity is considered to be an effective and efficient measure with its easy accessibility to improve the health of individuals (WHO, 2002). Studies show that Physical activities have negative relationship with MRS (Mataboli Risk Score) in girls (Rizzo and Ruiz, 2007) and considerably affect the risk factors of arthrosclerosis (Kronenberg and Pereira, 2000). It is also indicated that 50% of colon cancers, diabetic type 2 and obesity are preventable with proper Physical activities (WHO, 2002). Findings of other studies recognize that there is a meaningful relationship between Physical activity and overweight (WHO, 1999, 2002). There are clear reasons why it is necessary to focus at Physical activities as a good strategy to improve health, including: Improve Physical skills, promotes cardio respiratory health, strengthens bones and keeps proper weight and body mass index (My Dr. Website 2006). Statistics indicate that only 20% of people in world have

suitable Physical activity (KIN 552 Website, 2002). In regard ness the lack of awareness of individuals about positive effects of Physical activity on health in improving the situation, the first steps can be in changing the situation to better is to work on cultural issues to accept the Physical activity and thereby it is required to assess the Physical activity level in community (WHO, 1999; C.F.L.R.I., 2002). Due to importance and sensitivity of the adolescence engagement in Physical activity which is considered to be an start to good health in future (Williamson, 2004; Parker and Schmitz, 2007); this study is conducted to assess the physical activity level of Tabriz teenagers and propose proper methods to improve and promote the physical activities level, that results in improving the lifestyle of the community.

MATERIALS AND METHODS

Five hundred boys and girls of Tabriz public and private high school students were selected by random sampling method. In this cross-sectional study, data was collected using a two-part questionnaire; part 1 included demographic questions of teenagers. Part 2 included

questions about Physical activity of teenagers. The scale used was 1-5 and the maximum point of Physical activity was 100. Any increase in points shows that teenagers are more physically active. To prepare questionnaire, a specialist team designed primary questionnaire individually and then discussed in a panel about each of the questions. After revising the questionnaire and finalizing, the validity and reliability of questionnaire were tested among 42 students (15 boys and 27 girls) with mean age of 16.93 ± 0.62 . Correlation coefficient obtains 54 that were significant. To analyze the data, we used SPSS, Chi-square and Fisher's Exact and Compare mean tests.

RESULTS

The analysis of data shows that the average level of physical activity of teenagers was 67.74 ± 13.96 out of 100 points and it also shows that 46.8% of teenagers were doing physical activity most of time. Further analysis of data indicates that 52.5% had a planned walking schedule, bicycle riding, most of them used stairs. On the other hand, 55.2% of teenagers said they watch TV programs most often. 31.3% considered doing physical activity as a good way to keep a proper body mass index and 43.6% believe it will help them to improve their health. 58.7% of teenagers believe they having a proper body mass index and only 9.1% believe they are fat. Physical activity level of boys were more than girls and the difference was significant at ($p < 0.05$). Among other findings in demographic variables, only sex of subject was related with their level of physical activity significantly. Students of public schools were doing physical activity more than private ones. Teenagers that lived in slums were doing more physical activity than those lived downtown. Teenagers that their father had education up to 12 years were doing more physical activity than those of fewer than 12 years of education.

DISCUSSION

The findings of this study indicate that the average level of physical activity of teenagers was 67.74 and it also shows that 46.8% of teenagers were doing physical activity most of time. On the other hand, 55.2% of teenagers watch TV programs most often. Due to the fact that reducing the amount of time in watching TV is the first step in increasing level of physical activity and reducing the causes of arthrosclerosis (particularly overweight) risk factors (Kronenberg and Pereira, 2000). In Australia, maximum time for watching TV, video and computer game is recommended 2 h daily

(My Dr, Website, 2006). This problem can be improved families contribution and control of TV watching and providing opportunity to fill teenager's free time with suitable activities. Physical activity level of boys was more than girls. The major reason of this phenomenon is family value constraints of physical activity of girls, community and their own value of on physical activity. To solve this problem, we suggest designing strategies such as: convincing society to improve culture of physical activity as a social value by educational programs and exploring the necessity and importance of physical activity in relation to prevention of disease and improving health and providing the opportunity for girl teenagers physically active. Due to the fact that there is long way work to schools in slums and build environment variables in city center use of motor by teenagers in city center to do their daily tasks, teenagers of slums are more physically active than teenagers of city center.

CONCLUSION

Due to the fact that physical activity is important and necessary in adolescence, thinking of plans that make the authority of health and community to become sensitive to advantages of physical activity is valuable and necessary strategy, this is true for Tabriz too. The most effective strategy includes: Convincing the parents to believe that physical activity is a proper measure to keep teenagers health, helps teenagers to improve physical activity as part of daily life (My Dr, Website, 2006). Thereby, we hope to lead community into promoting physical activity and doing it in a continuous basis by implementing a proper cultural and social intervention and therefore, more researches is needed to identify proper intervention for each context.

REFERENCES

- Behavioral Analysis of Exercise cited in <http://www.KIN552 Website>, 2002.
- Canadian Fitness and Lifestyle Research Institute, 1981-2000. Canada Fitness Survey, cited in C.F.L.R.I. 2002.
- Kronenberg, F. and M.A. Pereira, 2000. Influence of leisure time physical activity and television watching on atherosclerosis risk factors in the NHLBI Family Heart Study. *Atherosclerosis*, 153: 433-43.
- Parker, E.D. and K.H. Schmitz, 2007. Physical activity in young adults and incident hypertension over 15 years of follow-up: the CARDIA study. *Am. J. Public Health*, 97: 703-709.

- Physical activity in children and teenagers, 2006. Cited in My Dr. Website.
- Rizzo, N.S. and J.R. Ruiz, 2007. Relationship of physical activity, fitness and fatness with clustered metabolic risk in children and adolescents: The European youth heart study. *J. Pediatr*, 150: 388-394.
- WHO Health Promotion (HPR) Department, 1999. Active living, Benefits of Active living, the Untapped Evident Health, Social Benefits of Active Living, cited in WHO/Oms, website.
- Williamson, D., 2004. Inadequate physical activity worsens as teenagers become adults. University of North Carolina at Chapel Hill. Cited in EurekAlert, Website.
- World Health Organization, 2002. Benefits of physical activity cited in <http://www.WHO.Int> No communicable Disease prevention and health promotion.
- World Health Organization, 2002. Sedentary lifestyle: A global public health problem, cited in <http://www.WHO.Int>.