

Comparison of Health Status between Active and Non Active Girls Student of Panjab University Chandigarh

Baljinder Singh,

Asst. Prof. Department of Physical Education Punjabi University Patiala, India

Abstract

The purpose of this study was to compare the health status between active and non active girls student of Panjab university Chandigarh. Total 70 girls were selected randomly from two different categories (35 each from active and non active). The data was obtained from the Panjab university Chandigarh. The age ranges between 21 to 23 years. Health status of girls student were measured with the help of harp ender skin fold caliper. The 't' test was applied to compare the mean scores of the two groups. The analysis of data revealed that the significant difference was found between sub scapular, iliac crest and abdominal skin folds of active and non active girl students at 0.05 level of significance. The results of the 't' value indicated that no significant difference has found in tricep skin fold.

INTRODUCTION

Living a healthier life can not only extend your life, it can also improve the quality. Feeling physically better and having control over your own life can greatly increase your mental health as well. Although there are some aspects of physical and mental health that are beyond an individual's (and science's) control, there are many things that people can do to improve their quality of life. The purpose of this study is to introduce you to some of the basic practices and guidelines of healthy living. Because every person (and his or her physical health and abilities) is unique. It is important to check with your doctor or medical care provider when changing your lifestyle. However, the information from this study may provide you with some basic guidelines for developing your own healthy living plan.

In the present age of science and technology people are very alert their health and physical fitness. Each nation is encouraging games and sports to get apex performance at international level. The standard of games and sports has gained new heights in every country. Our country is also trying to get the good results to improve the health status of each citizen that is why physical education has been introduced at grass root level as a part of school curriculum, which will help the students to keep them healthy and physically fit. (Deol N.S.and Kang G.S. 2010)

Physical fitness is a term, which has different meaning for different people. For a simple man to have a good physique is a symbol of physical fitness. For a doctor proper functioning of various important systems of our body is physical fitness. Actually physical fitness of an individual may be explained as the capacity to do the routine activities without getting undue fatigue, to meet emergencies, to face stress situations and still have more energy to do some more work with better recovery process. (Deol N. S.and Kang G.S. 2010)

Good nutrition, physical activity, and a healthy body weight are essential parts of a person's overall health and well-being. Together, these can help decrease a person's

risk of developing serious health conditions, such as high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. A healthful diet, regular physical activity, and achieving and maintaining a healthy weight also are paramount to managing health conditions so they do not worsen over time. (Centers for Disease Control and Prevention, 2009)

The obesity has been defined as a condition of abnormal or excessive fat accumulation in adipose tissue, to the extent that health may be impaired (WHO consultation on obesity 2000). There is a rapidly escalating epidemic of obesity all over the world (Prentice A.M., 2001). In the developed countries the epidemic attracts much attention, but there is little realization of a similar and perhaps more serious epidemic in the developing countries. Obesity is increasing at an alarming rate throughout the world. Today it is estimated that there are more than 250 million obese people worldwide, equivalent to seven percent of the adult population (WHO, 1998). Currently, obesity is less common in the developing world, but is increasing rapidly as overall nutrition is improving and physical activity is decreasing.

Excess fat not only impact on the health but it also lowers self-esteem. Being over-fat or having than desirable ratio of fat to muscle has a negative effect on health. A person with more fat percentage will have difficulty with basic exercise, such as walking or domestic chores. High body composition levels also impact injuries and maladies to knees, backs, and ankles, the major support structures, is almost three times that of people with just average body fat percentages. The impact of excess body fat is important to health as both a direct and indirect cause of serious medical conditions. (Cyril A keele and Eric Neil, 1971)

EXPLANATION OF TERMS

Active student: Active students are those who are associated and involves in physical activities. **Non- Active Student:** Non-active students are those who does not involve actively in physical activities but carry out their work in routine basis.

MATERIAL AND METHODS

The purpose of the study was to find out the difference of selected Skinfolds and body composition variables between active and non active girls student of Panjab University Chandigarh. Total 70 girl students was selected as sample further these were divided into 35 active and 35 non active girl students which were selected from the Panjab University Chandigarh. The age ranges between 21 to 23 years old.

Variables and criterion measures:

Skinfold Variables: Tricep, Subscapular, Iliac crest, Abdominal

It was measured with the help of harpender skinfold caliper.

Statistical Consideration: The 't' test was applied to compare the mean scores of the two groups.

Results:-

The t-test was applied to the selected Skin fold and Body composition variables and the results pertaining to it are presented below in tables.

Table 4.1:

Tricep skinfold of active and non active girl students of Panjab University Chandigarh.

	Mean	S.D	't' value
Active Students	12.06	4.65	
Non Active students	13.40	3.95	1.3018

Level of significance is 0.05

Tabulated value=1.667 (df=68)

Table 4.1 shows that the tricep skinfold of active and non active students Mean 12.06, 13.40, S.D 4.65, 3.95 and 't' value is 1.3018. There was no significant difference found between active and non active girl students.

Table 4.2:

Subscapular skinfold of active and non active girl students of Panjab University Chandigarh.

	Mean	S.D.	't' Value
Active Students	12.14	4.28	
Non Active students	13.97	4.51	1.7394*

Level of significance is 0.05

Tabulated value=1.667 (df=68)

Table 4.2 reveals that the Subscapular skinfold of active students Mean 12.14, S.D. 4.28 and Non active students Mean 13.97, S.D. 4.51 and 't' value is 1.7394. There was significant difference found between active and non active girl students.

Table 4.3:

Iliac Crest skinfold of active and non active girl students of Panjab University Chandigarh.

	Mean	S.D.	't' Value
Active Students	10.43	4.52	
Non Active students	12.86	4.80	2.1785*

Level of significance is 0.05

Tabulated Value =1.667 (df=68)

The perusal of table 4.3 indicate that Iliac Crest skinfold of active and non active students Mean was 10.43, 12.86 and S.D. 4.52, 4.80 and 't' value is 2.1785. There was significant difference found between active and non active girl students.

Table 4.4:**Abdominal skinfold of active and non active girl students of Panjab University Chandigarh.**

	Mean	S.D.	't' Value
Active Students	17.11	5.98	
Non Active students	22.09	4.94	3.7893*

Level of significance is 0.05

Tabulated Value =1.667 (df=68)

The table 4.4 show that the Abdominal skinfold of active and non active students Mean is 17.11, 22.09 and S.D. 5.98, 4.94 and 't' value is 3.7893. There was significant difference found between active and non active girl students.

Discussion of Findings

The analysis of data revealed that the significant difference was found between subscapular, iliac crest and abdominal skinfolds of active and non active girl students. The reason for the significant difference in above mention variables may be due to the lack of physical activities and the diet pattern of non active girl students as compare to active girl students may had effected the results. The results of the 't' value indicate that there was no significant difference was found in tricep skinfold. The reason of the insignificant difference in above mention variables may be the non active girls are not directly involved in physical activities but they are indirectly involved in physical activities in their daily routine work such as playing in peer group, walking, cycling and doing domestic work. The result of the present study is partially accepted by "Jaspreet Kaur and Promila Mehta (2012) Kesavachandran, C. N., Bihari, V. & Mathur, N. (2012) Badaruddoza, Kaur, R. & Barna, B. (2010) Swapan K. Dey, Nabanita Kar and Parthasarthi Debray (2010) Jelcic M, Sekulic D, Marinovice M. (2002) Humayun, A. & Shah, A. S. (2010) Brain A. Irving; Christopher K. Davis; Davis W. Brock (2008).

References

Centers for Disease Control and Prevention (2009): *State Indicator Report on Fruits and Vegetables*. Atlanta, http://www.fruitsandveggiesmatter.gov/health_professional/state_report.html.

Cyril A keele and Eric Neil (1971): "*Samson Wright's applied physiology*" London oxford university press.

Deol N.S. and Kang G.S. (2010): "*Health and physical Education*" Published by twenty first century.

Humayun, A. & Shah, A. S. (2010). Comparison of body mass index and waist circumference in predicting incident diabetes. *Pak J Physiol*. Vol.6(1). Brain A. Irving; Christopher K. Davis; Davis W. Brock (2008), "Effect of Exercise

Traning Intensity on Abdominal Visceral Fat and Body Composition.” *Medicine and Science in Sports and Exercise*; 40(11):1863-1872.

Kaur J. and Mehta P.(2012): “A study of prevalence of overweight and underweight among girls from different socioeconomic status in Ludhiana Punjab” *International peer reviewed Journal of Biological Anthropology*. Vol.1(2):2277-4424.

Jelicic M, Sekulic D, Marinovice M. (2002): Anthropometric characteristics of high level European junior basketball players.” *Pub med*, Vol.26:69-76.

Jonathan C.K. Wells, Akanksha A. Marphatia, Tim J.Cole, David McCoy (2012): “Associations of economic and gender inequality with global obesity prevalence Understanding the female excess” Vol. 75: 482–490

Kesavachandran, C. N., Bihari, V. & MATHUR, N. (2012). The normal range of body mass index with high body fat percentage among male residents of Lucknow city in north India. *Indian Journal of Med. Res.* Vol. 135, 72-77. Badaruddoza, Kaur, R. & Barna, B. (2010). “Estimation of familial association of blood pressure with BMI and WHR among type 2 diabetic and non- diabetic Punjabi

Kevin Norton and Tim Olds (1996): “*Body measurement for sports and health education*” Published by S.K.Jain.

population in Punjab, India”. *Journals*. Vol.1:3. Swapan K. Dey, Nabanita Kar and Parthasarathi Debray (2010): “Anthropometric, motor ability and physiological profiles of Indian national club footballers: *A comparative study.*” *South African Journal for research in sport, physical Education and Recreation*. Vol. 32(1):45-56.

Prentice, A.M. (2001): “Beyond Body mass index”, *Journal of international association for the study of obesity*. Vol.2(3):141-147

Singh S.P.and Mehta P. (2009): “*Human body measurements: concepts and applications*” Published by Asoke K.Ghosh.

World Health Organization. Report of a WHO consultation on obesity (1998): “*Obesity: preventing and managing the global epidemic*”. Geneva.