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Study of adolescent's levels of physical activity in urban and rural areas

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DESCRIPTION

Childhood and adolescent obesity and overweight have been related to long-term eventual death. In this age group, a major contributing cause to the rise in overweight and obesity is a lack of physical activity. In order to comprehend the disparities among adolescents in various socio-geographical regions, it is critical to evaluate the patterns of physical activity in various age groups and locations. This is because there are significant socio-cultural differences throughout the country. There is a need to include simple methods of assessing physical activity because research from inconsistent due to the use of different metrics and methodology.

Overweight and obesity in children and adolescents have been linked to both short-term and long-term conditions like low self-esteem, depression, insulin resistance, accelerated atherosclerosis, metabolic dysfunctions, menstrual abnormalities, and orthopaedic issues. One of the significant causes of the rise in the incidence of overweight and obesity in children and adolescents is inadequate physical activity (PA). The issue of overweight and obesity, which was previously primarily thought to be a problem of western countries and affluent lifestyles, has been observed in many low- and middle-income countries. Due to the significant sociocultural diversity it is essential to evaluate the PA patterns in various age groups and areas to determine whether there are disparities between adolescents living in various socio-geographic parts of the nation. More specifically, lacks data on PA in teenagers, providing a gap in knowledge of patterns of PA, which is what motivated this study.

The current study was deemed necessary because to the conflicting findings of earlier research on school-age children and adolescents in India and the lack of studies contrasting the levels of PA between urban and rural adolescent populations. The majority of this research has employed various methods to quantify PA. To make comparisons between these two groups easier in future studies, a simple and similar measure must be used. The main purpose of this study was to determine the proportion of 10–17-year-old adolescents from rural and urban areas who were not obtaining acceptable PA levels in accordance with the most recent World Health Organization (WHO) recommendations. Examining the variations in adiposity metrics and PA patterns between teenagers from the two populations was one of the studies consists of two basic parts. The study was carried out in 2 schools located in urban area of a metropolitan city and 2 schools located in rural area situated approximately 45 km away from the city limits. Each school used to have a people that are going of about 2500 students and offered studies from preschool through class XII. They were all private, coeducational schools. The schools had enough playground space, skilled physical education/training staff, and sporting goods.

Each age group under consideration included 13 males and 13 females in the study population. There weren't any data shortages, and the analysis included every person. Weight (p-value 0.001), BMI (p-value 0.001), and TMI (p-value 0.001) were all significantly different between the two populations after suitable independent sample t-tests although the difference in height was not statistically significant. The study's objectives were to examine the levels of PA in Western Maharashtra's urban and rural adolescent populations and to determine whether such levels were adequate in comparison to the most recent WHO recommendations. Based on our research, we hypothesise that regular exercise and PA would likely have an important role in assuring that the the adolescent population in rural areas is lower than in urban areas.