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Dr. Anil K Vanaik
Associate Professor, IGIPES, S,
University of Delhi, New
Delhi, India

Dr. Sarita Tyagi
Associate Professor, IGIPES, S,
University of Delhi, New
Delhi, India

Mohit Kumar
Research Scholar, Department
of Physical Education and
Sport Science, University of
Delhi, New Delhi, India

Corresponding Author:
Dr. Sarita Tyagi
Associate Professor, IGIPES, S,
University of Delhi, New
Delhi, India

Health profile of gym going female in Delhi

Dr. Anil K Vanaik, Dr. Sarita Tyagi and Mohit Kumar

Abstract

Objective: The aim of the present research was to examine the health profile and to consider the conditions of morbidity of women going to the Delhi gym. The research was interested in understanding the health issues that make women in Delhi enter the gym.

Design of the study: Survey Research Design

Procedure: A total of 120 women from Delhi State were randomly chosen for the analysis as a subject. For the sample chosen, the ages were limited to 18 and above and the mean and standard deviation are 32.37 ± 8.07 years. To accomplish the intended purpose of the study, a sub-set of self-structured questionnaires containing multiple health-related diseases was used. The percentage approach has been used as a statistical instrument to calculate the frequency and percentage of responses.

Keywords: Hypo-kinetic disease, hyper-kinetic disease, morbidity conditions, health profile

Introduction

They try to engage Indian women in order to perform their multidimensional function, through so many physical exercises to empower themselves with fitness, and this health status can be accomplished through regular practice of callisthenic exercise, functional training, at home, and most women take the membership of the gym and do their workout in which it helps them promote a healthy physical, mental, emotional and spiritual well-being growth. In gym centers, regular exercises refresh the body, which helps to maintain perfect health and equilibrium, facilitates self-heading and keeps them physically engaged in their everyday lives, and improves self-awareness.

Involving women in physical activity helps to regulate the mood caused by hormonal imbalance during the menstrual cycle as a shift in the level of estrogen and progesterone, whereas a drop in estrogen before or during measurement is mostly responsible for depression/anxiety attacks, amenorrhea, mood changes and other serious symptoms. Engaging in exercise contributes to the release of endorphins that assist in and when there is a reduction in the amount of estrogen, I feel calm and satisfied. On the other hand, exercise also helps to produce chemicals called serotonin from the brain that serve as a buffer against depression and other symptoms of anxiety. It works like an antidepressant as well. To some extent, exercise can replace depression pills. When we look at women's wellbeing, all about hormone resolves and it affects. A small rise or decrease in hormone changes both automatically and physiologically the entire function of the body. Exercise helps to hold the weight in control as extra calories are equalized and burnout, it often causes sleep quality that basically needs to regulate certain hormones such as leptin, cortisol, melatonin that are linked to female weight gain.

It is necessary to have a moderate level of exercise in women, as it helps to circulate androgen that has a direct effect on the supply of correct testosterone from fat ovaries and adrenal gland, which is useful in retaining muscle, bone mass density and weight reduction. The advantages of and in the absence of fitness benefits, physical action on mental wellbeing may be done. This may be attributed to factors such as increased social interaction and increased sunlight exposure. Another main advantage of physical exercise is social interaction, and this also motivates continued interest in physical activity for women. A means of social support, especially for older women, is found to be routine group exercise. Improved sleep quality is linked to the involvement of women in physical activity and is a significant quality of life predictor. The woman is helped to socialize and see various viewpoints in the gym workout or fitness park, which decreases the monotony of life from

household to office work. For older women who stay physically involved, there are extra benefits. Regular physical activity enhances muscle strength, aerobic capacity, fracture risk reduction and general well-being. Strength training can allow older women, by reducing the risk of developing osteoporosis, to maintain their independence and ability to perform daily tasks and leisure activities. Physical activity, irrespective of growing age, is correlated with retaining an independent role across time.

Methodology and procedure

For the current study a total of 120 women from the state of Delhi were chosen randomly as participants. For the chosen sample, the ages were limited to 18 and above and the mean and standard deviation was 32.37 ± 8.07 years. In order to achieve the desired purpose of the study, a self-structured questionnaire was used, including a general health-related question about different diseases endured by individuals.

The percentage method was used as a statistical approach to calculate the frequency and percentage of responses.

Disease/Health issue	Medication taken (if any)	Remarks
Acute Diseases		
Fever (dengue)		
Cold		
Cough		
Chikungunya		
Diarrhoea		
Any Other		

Disease/Health issue	Medication taken (if any)	Remarks
Chronic Diseases		
Allergies		
Asthma		
Thyroid (hypo/hyper)		
Diabetes (IDDM/NIDDM)		

Results of the study

Table 1: Acute diseases

Disease	Frequency	Percentage
Cold	36	30.00%
Cough	24	20.00%
None	60	50.00%
Total	120	100.00%

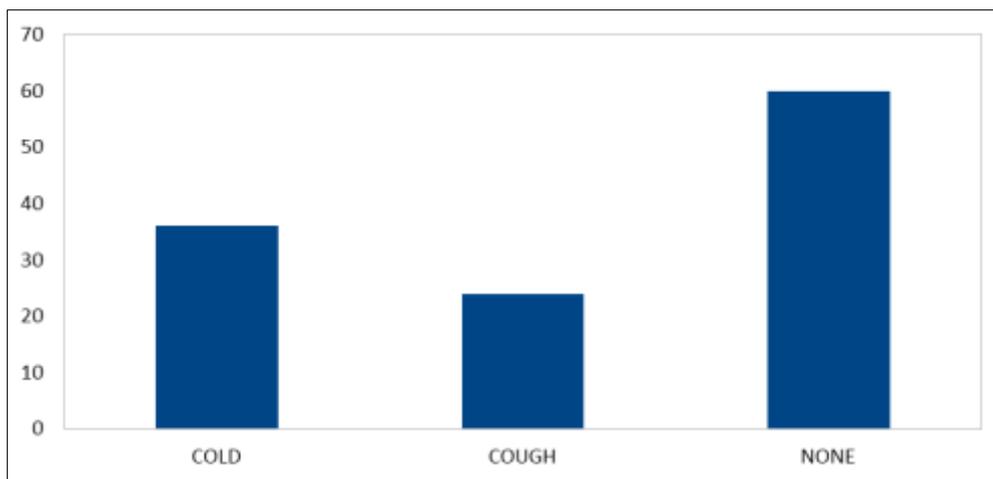


Fig 1: Graphical representation of table 1

Table 2: Chronic diseases

Disease	Frequency	Percentage
Asthma	36	30.00%
Thyroid Hyper	3	2.50%
THYROID HYPO	35	29.20%
DIABETES NIDDM	4	3.30%
None	42	35.00%
Total	120	100.00%

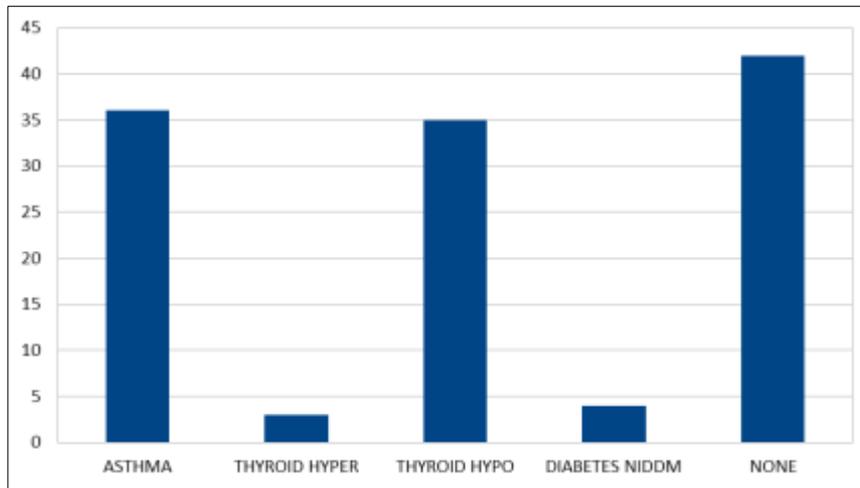


Fig 2: Graphical representation of table 2

Discussion of the results

- When acute health issues were investigated it was found that in the past six months from the time of the study, 30% subjects suffered from cold, 20% suffered cough and 50% subjects were healthy.
- When chronic health issues were investigated it was found that 30% subjects had Asthma, 2.5 % Thyroid hyper, 29.2% Thyroid hypo, 3.3% had diabetes and it was observed 35% women were healthy and had no disease during the survey.

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