ISSN: 0976-3031

Available Online at http://www.recentscientific.com

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 8, Issue, 9, pp. 20165-20168, September, 2017

International Journal of Recent Scientific Research

DOI: 10.24327/IJRSR

Research Article

PHYSICAL ACTIVITY AND LIFE STYLE PATTERN AMONGST WORKING WOMEN

Ritu Pradhan* and Eshita Bhatacharya

Government Home Science College Chandigarh

DOI: http://dx.doi.org/10.24327/ijrsr.2017.0809.0840

ARTICLE INFO

Article History:

Received 05th June, 2017
Received in revised form 08th July, 2017
Accepted 10th August, 2017
Published online 28st September, 2017

Key Words:

Physical activity, Healthy life style, Life style factors, IPAQ, Working women.

ABSTRACT

Introduction: The present study entitled "physical activity and life style pattern amongst working women" was prospectively undertaken to assess both these parameters in backdrop of changing life styles and roles and responsibilities of educated working women. **Methodology**: The study was conducted on 250 working women, selected from both government and private sector organizational firms from tricity i.e. Chandigarh, Mohali and Panchkula. A self-designed questionnaire that included demographic information and lifestyle factors was developed and administered to elicit the required information. Physical Activity was assessed using globally accepted standardized International Physical Activity Questionnaires (IPAQ)(WHO).**Results:** 69.2% had sedentary level of physical activity. The percentage of moderate activity level was 30.8%.Out of 250 subjects, large number of the respondents were non-smokers. And only 15.6% subjects consumed alcohol. **Conclusion**: Due to changing roles w.r.t employment, education and economic independence a change in life style factors is inevitable. However, this change needs to be directed as positive deviation to develop healthy and efficient workforce. Education for producing lifestyle changes through individual initiative by a knowledgeable population is apt.

INTRODUCTION

Physical activity plays an important role in improving and maintaining good health and preventing diseases. An increase in physical activity is one of the measures that would have the greatest positive impact on the health of a population. If everyone follows the recommendation of the being physically active on daily basis, the health of the population would improve considerably and health care cost on state health systems would drop dramatically. If the quality of human capital is not good, physical capital and natural resources cannot be properly utilized and growth neither be sustained nor be qualitative. Health is major segment of human capital in which physical activity and life style are major contributors. Presently, health maintenance and improvement is achieved through the advancement and application of health science, but also the efforts and intelligent lifestyle choices of the individual and society plays a synergistic effect. According to the World Health Organization, the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours (WHO, 2011).

Studies have concluded working women both in private and government sector have many reasons for non-participating in physical activities which contributed to sedentary lifestyle. Working women's reported that certain events, pressures and situations impede their ability to become and remain physically active. Barriers to physical activity are diverse and include issues of skills/resources, psychosocial, support, personal wellbeing, time and condition factor (Radzllyana Radzuwan *et al*. 2010). Women reported the need to increase activity levels in order to reduce their perceived levels of stress (Campbell R.L, Svenson LW & Jarvis G.K, 1992).

It has been concluded that moderate-intensity physical activity instead of vigorous-intensity for at least 30 minutes most days of the week (generating energy expenditure of about 1000 kcal/week) decreases the risk of cardiovascular diseases and cognitive stress in women.

Lifestyle risk factors

The current burden of chronic diseases reflects the cumulative effects of unhealthy lifestyles such as smoking and consuming alcohol and the resulting risk factors over the life span of people. Chronic diseases, often referred to as non-communicable diseases (NCDs) including dyslipidemia and stress, usually emerge in middle age after long exposure to an unhealthy lifestyle involving tobacco use, a lack of regular physical activity, and consumption of diets rich in highly saturated fats, sugars, and salt, typified by "fast foods." This lifestyle results in higher levels of risk factors, such as

Corresponding author:* **Ritu Pradhan
Government Home Science College Chandigarh

hypertension, dyslipidemia, diabetes, and obesity that act independently and synergistically.

METHODOLOGY

The present study entitled "Physical Activity and Life Style Pattern Amongst Working Women" was aimed to investigate the physical activity level and life style parameters among women aged 25 years and above. A total of 250 subjects aged 25 -60 years who worked in government and private sector organizational firms from tricity- Chandigarh, Mohali and Panchkula. Data collection was done using a self- designed, pretested questionnaire which covered parameters like demographic profile and lifestyle and physical activity considering the objectives of the study.

Locale of Investigation: The study was prospectively conducted on 250 working women. Women were selected from both government and private sector organizational firms from tricity: Chandigarh, Mohali, Panchkula. A heterogeneous location of organization were identified and selected so as to give heterogeneity to the sample and to avoid any bias

Sample Selection: The subjects were purposively selected and interviewed. Female employees were invited to participate in the study. An informed consent was obtained from each subject.

Data collection*:* A self-designed questionnaire that included demographic information and lifestyle factors was developed and administered to elicit the required information.

Physical activity: The purpose of the International Physical Activity Questionnaires (IPAQ) is to provide a set of well-developed instruments that can be used internationally to obtain comparable estimates of physical activity.

IPAQ is a standardized instrument designed primarily for population surveillance of physical activity among adults. It has been developed and tested for use in adults (age range of 15-69 years)(http://www.ipaq.ki.se/scoring.pdf).

RESULTS AND DISCUSSION

According to the table maximum percentage of respondents were in the age group of 25-45 years in terms of demographic profile status. It was observed that most of the respondents in the above age group were graduates and post graduates i.e. 92%. According to the type of organization 86% belonged to the age group of 25-45 years in which 36% were from private sector and 50% from public sector. It was also seen that maximum respondents i.e. 66.4% were in the category of professional and semi-professional occupation.

Most of the respondents belonged to upper middle and upper in the above mentioned age group. Married population was more compared to single or divorced i.e. 67.6% among the above referred age group. According to Chi-square test($p>0.05$), significant difference was found in education, occupation, socioeconomic status and marital status of the respondents belonging to the age group 25-35, 36-45, 46-55 and above 55years ($p<0.05$). It was seen that as age progresses level of education, type of occupation and socioeconomic status increases.

The physical activity was calculated on the basis of IPAQ (International Physical Activity Questionnaire) which categorizes the samples into sedentary, moderate and heavy using MET values. Figure 1 shows that out of the total 250 respondents, maximum percentage i.e 69.2% had sedentary physical activity level.

Table 1 Distribution of Sample According to Demographic Variables in Different Age Group

S.No.	Demographic Variables	Age				
		25-35 N (%)	36-45 N (%)	46-55 N (%)	>55 N (%)	Total N (%)
	Age	90 (36)	123 (49.2)	25 (10)	12 (4.8)	250 (100)
1.	**Education**					
	Below Graduate	14 (5.6)	0 (0)	0 (0)	0 (0)	14 (5.6)
	Graduate	76 (30.4)	92 (36.8)	0 (0)	0 (0)	168 (67.2)
	Post Graduate	0 (0)	31 (25.2)	25 (10)	12 (4.8)	68 (27.2)
2.	**Organization**					
	Private	11 (4.4)	77 (30.8)	25 (10)	12 (4.8)	125 (50)
	Public	79 (31.6)	46 (18.4)	0 (0)	0 (0)	125 (50)
3.	**Occupation**					
	Professional	0 (0)	100 (40)	25 (10)	12 (4.8)	137 (54.8)
	Semi - professional	43 (17.2)	23 (9.2)	0 (0)	0 (0)	66 (26.4)
	Clerical	30 (12)	12 (4.8)	0 (0)	0 (0)	42 (16.8)
	Skilled worker	5 (5.6)	0 (0)	0 (0)	0 (0)	5 (2.0)
4.	**SES**					
	Upper	0 (0)	10 (4)	25 (10)	12 (4.8)	47 (18.8)
	Upper middle	9 (3.6)	113 (45.2)	0 (0)	0 (0)	122 (48.8)
	Lower Middle	45 (18)	0 (0)	0(0)	0 ((0)	45 (18.0)
	Upper Lower	36(14.4)	0 (0)	0(0)	0 (0)	36(14.4)
	Lower	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
5.	**Family Type**					
	Nuclear	63 (25.2)	78 (21.2)	21 (8.4)	11 (4.4)	173 (69.2)
	Joint	11 (4.4)	32 (12.8)	4 (1.6)	1 (0.4)	48 (19.2)
	Living alone	16 (6.4)	13 (5.2)	0 (0)	0 (0)	29 (11.6)
6.	**Marital Status**					
	Single	44 (17.6)	0 (0)	0 (0)	0 (0)	44 (17.6)
	Married	46 (18.4)	123 (49.2)	25 (10)	10 (4)	204 (81.6)
	Divorced	0 (0)	0 (0)	0 (0)	2 (0.8)	2 (0.8)

The percentage of moderate activity level was 30.8% which could contribute to the risk of dyslipidemia (Craig CL *et al.* 2003).

Figure 1 showed that majority of the respondents who had a sedentary level of physical activity were in the age group of 36-45 years i.e. 49.2%. Although, the percentage of respondents in the age group of 46-55 and above is less but it was observed that the total number of respondents in these age group all have a sedentary level of physical activity. Chi square test when applied showed a significant difference in level of physical activity and age ($p<0.05$). Sedentary level of physical activity was found to be more among the middle age group age group i.e. 36 years and above.

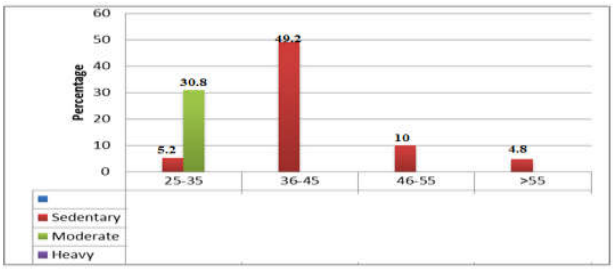

Figure 1 Distribution of Physical Activity according to age

Maximum respondents who were professional (44%) had a sedentary level of physical activity. Significant difference ($p<0.05$) was found between occupation and level of physical activity, as level of occupation increases the level of physical activity decreases in these individuals. The main reason could be due to more hours of sitting during work. Office-based workers are particularly exposed to long periods of unbroken sitting during work hours and reported significant differences in prolonged sedentary time across different subgroups of office-based workers. Professional workers were exposed to sedentary activities than their clerical and skilled worker counterparts (Dunstan DW *et al.* 2012).

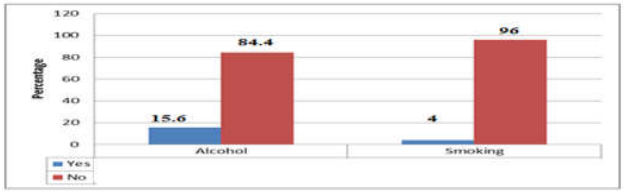

Figure 2 Distribution of sample based on smoking and alcohol consumption

Out of 250 samples, large number of the respondents were non-smokers. Out of 4% of the respondents who smoked, the numbers of cigarettes smoked per day were all between 1- 4 cigarettes. Also, out of 250 subjects 15.6% subjects consumed alcohol and a majority of the subjects i.e. 84.4% declined of consuming alcohol.

The World Health Organization (WHO) states the difference between women in various geographic locations as it states that "about 22 percent of women in developed countries and 9 percent of women in developing countries smoke tobacco." Even though the percentage prevalence of women smoking in India isn't that high, the number is huge. (World Lung Foundation: Tobacco Atlas 2009). In both sexes, smoking 1-4 cigarettes per day was associated with a significantly higher risk of dying from ischaemic heart disease and from lung cancer in women (K Bjartveit & ATverdal, 2005). The below table overall depicts that self-reported smoking among women is very less and though alcohol consumption is only 15%, the quantity taken is more which reveals that they are undergoing stress and are more prone to cardiovascular diseases.

The above table revealed that only a small percentage of respondents who smoked (4%) and consumed alcohol (12.8%) all belonged to the age group of 25-45 years. Although frequency of alcohol consumed was less but quantity was high. Chi- Square test showed that there was no significant in smoking and alcohol consumption in all age groups.

National surveys show that about 1 in 2 women of child-bearing age (i.e., aged 18-44 years) use alcohol, and 15% of women who drink alcohol in this age group binge drink (CDC, 2012). Studies have shown that women who drink excessively or at lower levels are at increased risk for damage to the heart muscle than men (Fernandez-Sola J, 1995). A study concluded that subjects who were at risk for developing depression had 4.1 times higher prevalence of harmful alcohol use compared with those who were not at risk for developing depression (MS Darshan *et al.* 2013). The frequency of use varies between men and women, with men drinking more frequently than women. It was found that while almost 70 percent of the male drinkers drink daily or almost daily, 55 percent of women drinkers also drink at the same frequency. This can hardly be termed "infrequent" drinking. A recent study in Karnataka reported no major difference between the amounts of alcohol drunk by men or women on any typical drinking occasion (WHO Collaborative project on unrecorded consumption of Alcohol, 2003).

CONCLUSION

Hence from the above results it can be concluded that sedentary lifestyle leads to a widening physical activity gap, a balance between the need and realization of expenditure of energy through physical activity is necessary for the attainment and maintenance of good health and functional capacity. The decreased energy expenditure in terms of physical activity along with modified lifestyle factors like consumption of alcohol and smoking having a combined detrimental impact on health of the individual particularly women is of concern and needs immediate action.

Table 2 Distribution of Sample Based on Smoking and Alcohol Onsumption

Parameters	Yes	No	Frequency					Quantity		
			Altern-atively	Twice a week	Weekly	Socially	Occas-ionally	1-4	4-10	>10
Smoking N=250	10	240	0 (0)	3 (1.2)	5 (2)	1 (0.4)	1 (0.4)	10 (4)	0 (0)	0 (0)
%	4	96								
Alcohol N=250	39	211	9 (3.6)	9 (3.6)	11 (4.4)	10 (4)	0 (0)	<30ml	60-90ml	>90 ml
%	15.6	84.4						3 (1.2)	14 (5.6)	22 (8.8)

This concern and its effect on women health is important considering the impact of alcohol and smoking as addiction and on future generation over a period of time and its contribution in as risk of developing chronic degenerative disease like obesity and cardiovascular diseases. Nutrition Education for generating awareness amongst the population on benefits of regular physical activity and healthy balanced diet *al*ong with healthy lifestyle is the key for development of healthy women and future generation.

References

1. WHO (2011). World Health Organization. Mental health: a state of well-being. Fact Files; 2011.
2. Radzliyana BTR, Bin AF, Kassim M. Factors affecting participation in physical activity among working women; 2010.
3. Campbell, R.L., Svenson, L.W., & Jarvis, G.K. Perceived level of stress among university undergraduate students in Edmonton, Canada. Perceptual & Motor Skills;1992: 75(2), 552-554
4. Craig CL, Marshall AL, Sjöström M, Bauman AE, Booth ML, Ainsworth BE, Pratt M, Ekelund U, Yngve A, Sallis JF, Oja P. International physical activity questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc*; 2003:35(8):1381-95.
5. Darshan MS, Raman R, Rao TS, Ram D, Annigeri B. A study on professional stress, depression and alcohol use among Indian IT professionals. *Indian journal of psychiatry*; 2013.
6. Dunstan D *et al*. Prolonged sedentary time and physical activity in workplace and non-work contexts: a cross-sectional study of office, customer service and call centre employees. *International Journal of Behavioral Nutrition and Physical Activity*; 2012: 9:128.
7. World Lung Foundation: Tobacco Atlas 2009). Tobacco Atlas Catalogues Catastrophic Toll of Tobacco Worldwide. World lung foundation; 2009
8. Bjartveit K, Tverdal A 2005 Health consequences of smoking 1-4 cigarettes per day Tobacco Control 2005;14:315-320
9. Centers for Disease Control and Prevention .Alcohol use and binge drinking among women of childbearing age - United States, 2006-2010. MMWR 2012; 61:534-538.
10. WHO Collaborative project on unrecorded consumption of Alcohol, 2003).
11. Urbano-Márquez A, Estruch R, Fernández-Solá J, Nicolás JM, Paré JC, Rubin E. The Greater Risk of Alcoholic Cardiomyopathy and Myopathy in Women Compared With Men. *JAMA*. 1995; 274(2):149-154.

How to cite this article:

Ritu Pradhan and Eshita Bhatacharya.2017, Physical Activity and Life Style Pattern Amongst Working Women. *Int J Recent Sci Res.* 8(9), pp. 20165-20168. DOI: http://dx.doi.org/10.24327/ijrsr.2017.0809.0840

****