



PHYSICAL ACTIVITY ATTITUDE OF COLLEGE STUDENTS IN KERALA STATE, INDIA - A GENDER WISE SURVEY

Physical Education

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ABSTRACT

The purpose of this study was to investigate the attitude of college students in Kerala state towards physical activity. This questionnaire study sample consisted of 2500 degree college students comprising 1145 male and 1355 female students aged between 18 to 21 years. The subjects were randomly selected from different colleges of the entire 14 districts of Kerala state. A 56 items Likerts Type five points scale ranging from strongly agree to strongly disagree, measuring Attitude towards Physical Activities was developed with the help of experts in sports psychology and sociology. Validation and reliability studies were done through pilot studies on 56 item scale. The Cronbach alpha for the scale was obtained as .90. Descriptive statistics and t ratio were analyzed by SPSS 2016.

Results: Male students exhibited a positive attitude towards physical activity and female students showed neutral attitude towards physical activity.

KEYWORDS:

Physical activity, Positive attitude, Degree College students.

INTRODUCTION

World health organization defined Physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Regular and adequate levels of physical activity in adults reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer, depression and the risk of falls and improve bone and functional health and are a key determinant of energy expenditure, and thus fundamental to energy balance and weight control. Physical activity includes exercise as well as other activities which involve bodily movement and are done as part of playing, working, active transportation, house chores and recreational activities.^(1, 2) Physical inactivity (lack of physical activity) has been identified as the fourth leading risk factor for global mortality (6% of deaths globally). Moreover, physical inactivity is estimated to be the main cause for approximately 21–25% of breast and colon cancers, 27% of diabetes and approximately 30% of ischaemic heart disease burden. Physical inactivity has been identified as the fourth leading risk factor for global mortality (6% of deaths globally). This follows high blood pressure (13%), tobacco use (9%) and high blood glucose (6%). Overweight and obesity are responsible for 5% of global mortality.^(2,3)

Levels of physical inactivity are rising in many countries with major implications for the general health of people worldwide and for the prevalence of NCDs (non-communicable diseases) such as cardiovascular disease, diabetes and cancer and their risk factors such as raised blood pressure, raised blood sugar and overweight. In addition, NCDs now account for nearly half of the overall global burden of disease. It is estimated currently that of every 10 deaths, 6 are attributable to non-communicable conditions.⁽²⁻⁶⁾

Non-communicable diseases (NCD) contribute a huge burden on the healthcare system in India as compared to past when the burden was due to infectious diseases. More than half of the deaths in India are attributed to NCD of which diabetes is on the forefront and has emerged as an epidemic in India. India is following a trend of other developing countries that are steadily becoming more obese. An unprecedented rise in diabetes prevalence in India is the outcome of lifestyle changes in the background of genetic predisposition. Moreover, there is a substantial regional variation in diabetes prevalence and management. The highest prevalence of diabetes prevalence was observed in southern region (Ernakulum, Kerala) and lowest prevalence was observed in North Eastern region (Manipur).⁽⁷⁾

According to recent data, 62.4 million Indians have been reported to have diabetes and the figures are expected to reach 87 million by the year 2030. The occurrence rates of diabetes for urban, semi urban and rural population vary from 5-15%, 4-6% and 3-5%, respectively, showing wide regional disparities with respect to different local settings. Rural population has exhibited a 3 times shift (2.4% to 6.4%

during last 14 years) in the prevalence similar to urban population and the number is increasing rapidly. Improved socioeconomic status, motorized transport a switch into occupational structure with increased mechanization and constricting urban/rural disparity account for this shift. This is evident from rural prevalence rates in Kerala, those who have even overtaken urban prevalence rates since, whole of Kerala can now be considered to be urbanized.^(8,9)

Possessing a moderate amount of each component of health-related fitness is essential to disease prevention and health promotion. High levels of health-related fitness relate more to performance than to health benefits.⁽¹⁰⁾ Experts recommend a minimum of 60 min of physical activity on most days of the week. Physical activity improves cardiovascular fitness, muscular strength, body agility, coordination, bone density, lipid profiles, insulin levels and immune function. It reduces the risk of cardiovascular disease, type 2 diabetes, colon cancer and osteoporosis. Regular physical activity provides the individual with physical benefits and is at the same time associated with enhanced self-esteem and increased academic performance. Participation in Planned sports and games can support interactive, experiential learning which can improve players' health-related self-efficacy and behavior⁽¹⁰⁾

Allport (1968) described attitude as being “the most distinctive and indispensable concept in Contemporary psychology”. Attitude is defined as the degree to which a person likes or does not like something⁽¹¹⁾. A person's attitude toward any given object can have either a positive or negative impact. Thus, attitude has the ability to strongly influence a person's behavior. One area where attitude is particularly important is physical education. There is emerging evidence to suggest that students who exhibit a more positive attitude toward physical activity in physical education are more likely to participate in physical activity outside of school^(12, 13). This carry over value in terms of attitudes toward physical activity is critical to participation in lifetime physical activity. Positive attitudes formed toward physical activity in physical education can play an important role in maintaining an active lifestyle outside school. In addition, active children are more likely to become active adults In addition, people's attitudes have been found to be the key influence in the formation of intentions to participate in physical activity. Impacting students' attitudes toward physical activity in physical education, therefore, could have a major effect on public health^(14,15).

Methods & Materials

Population:

The entire degree college students of Kerala state was the population of the study

Sample:

Sample consisted of 2500 degree college students comprising 1145

male and 1355 female students aged between 18 to 21 years. The subjects were randomly selected from different colleges of the entire 14 districts of Kerala state.

Data collection tool:

A 56 items Likerts Type five points scale ranging from strongly agree to strongly disagree, measuring Attitude towards Physical Activities (APAS) was developed with the help of experts in sports psychology and sociology. Validation and reliability studies were done on total 60 questions and 56 questions accepted and 4 were rejected. Validation evidence was gathered through pilot studies. In estimating the internal consistency of the scales, the Cronbach's coefficient alpha formula was used and results were calculated. 56 items summed across resulting in a range from 56 to 280 points. A score of 56 indicates the most negative attitude; a score of 57 - 113 indicates a negative attitude; 114 - 170 a neutral attitude; 171 - 227 a positive attitude; and 228 - 280 the most positive attitude. The Cronbach alpha for the scale was obtained as .90.

Statistical technique used

Descriptive statistics and t value were used for analyzing data.

Method of data collection

The APAS was distributed among 2500 students (1145Male & 1355Female) of different colleges of Kerala state .The convenient sampling procedure was adopted in selecting the students having the representation of all areas of Kerala state. The scale was administered personally and the 2500 students returned the scale with the response rate of 100%. The collected data was then analyzed using SPSS 2016.

Data analysis and presentation

Table 1

Descriptive statistics of Attitude towards physical activity

Gender	N	Mean	Median	Std. Dev.	Skewness	Kurtosis
Male	1145	186.94	188.00	17.411	-1.477	4.757
Female	1355	170.81	170.00	22.362	-0.249	-0.324

Table 2

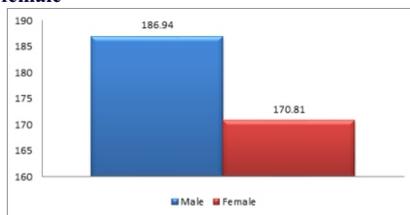
Independent t test of attitude towards physical activity between male and female

Gender	N	Mean	Std. Dev.	Std. Error	t ratio	Sig
Male	1145	186.94	17.411	1.446	7.77*	0.00
Female	1355	170.81	22.362	1.187		

*the mean difference is significant at 0.05 level, table value is 1.96.

Figure 1

Graphical representation of Attitude towards physical activity of male and female



Results:

The results of the study showed that male students in Kerala state have positive attitude towards physical activities (186.94). The study also revealed female students exhibits neutral attitude (170.81) towards physical activities. The mean difference between male and female students was significant since the obtained t value of 7.774 was higher than the table value of 1.96. The male students have more positive attitude towards physical activity than the female students.

Discussions:

The higher levels of positive attitude towards physical activity of students may be due to more awareness of healthy living. The girls were on the upper edge of the neutral attitude and very much close to positive attitude. The girls may be given more opportunities to participate physical activities in college level.

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