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# Status of physical activity levels among midlife adults: A survey study

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**Abstract**
The purpose of the study was to identify the level of physical activity among midlife adults. A sample of four hundred (N=400) midlife male and female adults from the union territory of Chandigarh were selected as subjects for the current study. Out of which two hundred (n=200) were males and two hundred (n=200) were females. International Physical Activity Questionnaire (IPAQ) created by Craig et al. (2003 revised in 2005) was applied to obtain information related to their physical activity status in the form of MET Minutes/Week. Descriptive statistics namely percentage and frequency were designed to examine the status of physical activity among midlife adults. Midlife male and female adults were also compared on the variable physical activity while using the percentage. The results of the study revealed that less percentage of female midlife adults were found to be physically inactive as compared to the male. An almost equal proportion of midlife male and female adults were found moderately active whereas more percentage of male midlife adults were found to have reported a high level of physical activity as compared to their female counterparts. Additionally, it has also been observed that 42% of midlife male and female adults were found to be physically inactive, 45.5% moderately physically active and 12.5% were found to be highly physically active.
**Keywords**: Physical activity, midlife male & female adults

**Introduction**
The first sign of life is physical exercise. The action begins from the mother's belly and stops at the burial place. Physical exercises assume significant part of life. Some physical action or activity is well than none. Midlife adults who sit less and do any sort of moderate-to-overwhelming physical action or development gain some health advantages. World Health Organization (2009) [5] pointedoutphysical dormancy as the fourth driving risk factor for worldwide mortality and causes 6% of all passing or deaths. It is just overwhelmed by hypertension (13%) and tobacco use (9%) and conveys a similar degree of risk as Hyperglycemia (6%). Roughly 3.2 million individuals bite the dust every year since they are not physically sufficiently dynamic. Physical inaction is on the rise in various countries, adding to the heaviness of non-adaptable diseases and affecting general prosperity all over the planet. Individuals who are deficiently dynamic have a 20% to 30% expanded risk of death contrasted with individuals who participate in something like 30 minutes of moderate-force physical movement on most days of the week. Physical idleness is the primary driver for roughly: 21-25% of bosom and colon tumors, 27% of diabetes, and 30% of ischemic coronary illness. The degrees

of physical idleness expanded across the globe. Worldwide, around 31% of grown-ups matured 15 and over were not dynamic enough in 2008 (men 28% and ladies 34%). In big league salary nations, 41% of men and 48% of ladies were deficiently physically dynamic, when contrasted with 18% of men and 21% of ladies in low-pay nations.

According to World Health Organization (2015) [6] pointed 23% of adults aged 18 or more were not genuinely dynamic enough in 2010 (men 20% and ladies 27%). In top-level income nations, 26% of men and 35% of ladies were deficiently genuinely dynamic, when contrasted with 12% of men and 24% of ladies in low-pay nations. Low or diminishing active work levels frequently compare with a high or rising gross public item. 81% of youths aged 11-17 years were deficiently truly dynamic in 2010. Young adult young ladies were less dynamic than juvenile young men, with 84% versus 78% not gathering World Wellbeing Association actual work suggestions.

U.S. Department of Health and Human Services (2018)[4] reported that for significant health benefits, grown-ups ought to do no less than 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) seven days of moderate power, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) seven days of fiery force oxygen consuming actual work, or a comparable blend of moderate-and energetic power vigorous movement. Ideally, oxygen-consuming action ought to be spread consistently. Extra health benefits are acquired by participating in actual work past what might be compared to 300 minutes (5 hours) of moderate-power active work seven days. Grown-ups ought to likewise do muscle-fortifying exercises of moderate or more noteworthy power that include all significant muscle bunches on at least 2 days per week, as these exercises give extra health benefits.

**Methodology**

The present study was intended to identify the level of physical activity among midlife adults. A sample of four hundred (N=400) male and female midlife adults from the union territory of Chandigarh were selected as subjects. Out of which two hundred (n=200) were midlife males and two hundred (n=200) were females. International Physical Activity Questionnaire (IPAQ) constructed by Craig et al. (2003 revised in 2005) [1]was applied to get the information related to their physical activity status in the form of MET Minutes/Week. Descriptive statistics namely frequency and percentage were calculated to observe the status of physical activity among midlife adults. Male and female midlife adults were also compared on the variable physical activity while using the percentage.

**Findings**

**Table-1: Physical Activity Status among Male and Female midlife adults.**

| Physical Activity Level | Frequency | Valid percentage | Cumulative percentage |
|---|---|---|---|
| Physically Inactive | 168 | 42 | 42 |
| Moderate | 182 | 45.5 | 87.5 |
| Active | 50 | 12.5 | 100 |
| Total | 400 | 100 | |

It has been observed from table-1 that 42% of midlife male and female adults were found to be physically inactive, 45.5 % moderately physically active and 12.5 % were found to be highly physically active.
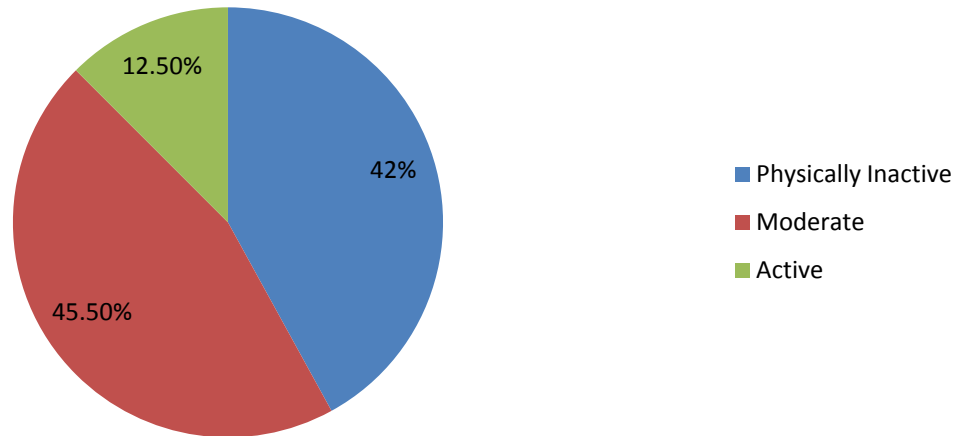
## Physical Activity Level among male and female

Figure 1: Graphical Representation of Physical Activity Status among midlife male and female adults.

Table 2. Physical activity status among midlife male adults.

| Physical Activity Level | Frequency | Valid percentage | Cumulative percentage |
|---|---|---|---|
| Physically Inactive | 79 | 39.5 | 39.5 |
| Moderate | 89 | 44.5 | 84 |
| Active | 32 | 16 | 100 |
| Total | 200 | 100 | |

Table-2.Indicates that out of the total 39.5 % of male midlife adults were found to be physically inactive, 44.5 % were found to be moderately active and only 16 % of male midlife adults were reported to be highly physically active.

Physical activity status among male midlife adults has been depicted in figure-2 below.
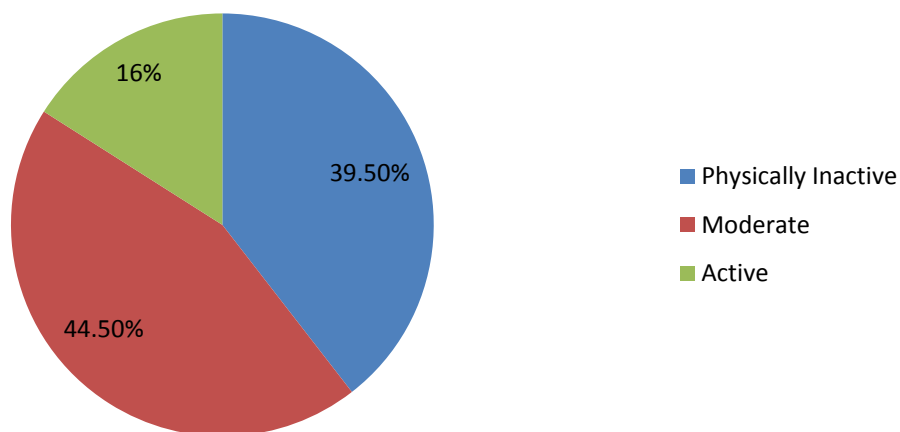


## Male Activity level

Figure2: Graphical Representation of Physical Activity Status among midlife male adults.

**Physical activity status among female midlife adults has been presented in table-3.**

Table 3: Physical Activity Status among female midlife adults.

| Physical Activity Level | Frequency | Valid percentage | Cumulative percentage |
|---|---|---|---|
| Physically Inactive | 89 | 44.5 | 41.5 |
| Moderate | 93 | 46.5 | 91 |
| Active | 18 | 9 | 100 |
| Total | 200 | | |

Table-3: shows that 44.5 % of female midlife adults were found to be physically inactive, 46.5 % were found to be moderately physically active, and 9 % were found to be highly physically active. Physical activity status among female midlife adults has been depicted in figure-2.
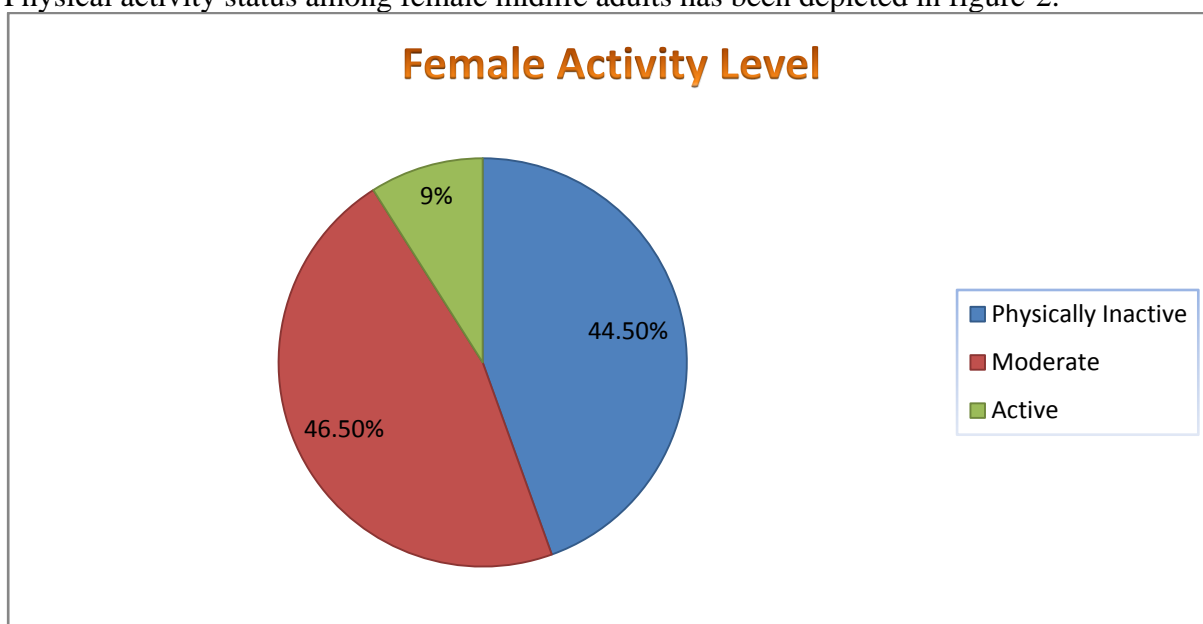


Figure-3: Graphical Representation of Physical Activity Status among midlife female adults.

**DISCUSSION**

Less proportion of female midlife adults was found to be physically inactive as compared to their male counterparts (44.5 % v/s 39.5%). An almost equal percentage of male(44.5%) and female (46.5%) midlife adults were found to be moderately active whereas more percentage of male midlife adults were found to have reported a high level of physical activity as compared to their female counterparts (16% v/s 9 %). It has been observed from the table-3 that 42 % of male and female midlife adults were found to be physically inactive, 45.5 % moderately physically active, and 12.5 % were found to be highly physically active. However, the Indian Council of Medical Research-India Diabetes (ICMR-INDIAN, 2013) [2] demonstrated that 54.4% of subjects were inactive (41.7% male v/s 58.3% female). 31.9% subjects were moderately active (male 58.7% v/s 41.3%) whereas 13.7% subjects were highly active (61.3% male v/s 38.7%). The region-wise prevalence of physical inactivity was as follows; Chandigarh-66.8%, Tamilnadu-60.0%, Maharashtra- 55.2%, and Jharkhand 34.9%. The prevalence of physical inactivity has been found to be reduced when compared with the previous survey of the Indian Council of Medical Research-India Diabetes (ICMRINDIAB, 2013) [3] in Chandigarh as the prevalence of physical inactivity was 66.8%. Differences observed in the previous survey and present study might be due to the reason that the earlier survey was conducted on the general population, but the present study has been focused on midlife adults. Midlife adults of Chandigarh were more moderately active as compared to the general population which might be due to the reason that education was found to be the factor that contributes to enhancing the physical activity (Martinez Gonzalez et al., 2001)[3].

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# A Comparative Study of Resilience Level among Midlife Male and Female Adults

## Satnam Singh and Jagdeep Singh

### Abstract

**Aim**: The purpose of the study was to compare resilience level among male and female midlife adults. **Materials and Methods**: Total subjects 62 (31 male and 31 female adults) were taken for study of resilience data has taken through online goggle form of 35 to 50 years midlife adults. Total 62 responses were received. Further analysis of data SPSS used for interpretation of data .t test for comparison of resilience level among male and female adults. This is a short assessment aimed at identifying one's ability to cope with hard times or stress. **Results**: Mean±.SD of resilience level in male and female subjects were 3.22±.390 and 2.88±.580.For comparing the means of selected resilience, descriptive analysis and independent t-test were applied at 0.05 level of significant. The results of the study revealed that there was significant difference in resilience among the male and female. **Conclusion**: This study shows male resilience higher than female adults. This study assesses the ability to bounce back or recover from hard times. There are 6-items half of which are positively focused and half negatively focused with regard to being able to bounce back after hard time experiences. Understanding resilience and assessing resilience is very important so that individuals with low resilience can be identified and suitable mediations applied to help them overcome specific challenges (e.g., anxiety, depression) or the daily challenges (e.g., problem during little bit stressful event).

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## Introduction

Resilience is a *lively process including positive adaptation within the context of significant harsh conditions*. Inherent within this notion are two serious conditions: revelation to significant danger or severe hardship; and the getting of optimistic adaptation in spite of major stabbings on the developing process (Garmezy, 1990, Werner and Smith, 1992). Resilience represents the individual abilities that allow one to prosper in the face of hardship. Research over the last 20 years has established that resilience is a multidimensional typical that varies with age, con-text, gender, time and cultural foundation, as well as within an individual subjected to different life conditions (Garmezy, 1985; Garmezy and Rutter,1985, Seligman and Csikszentmihalyi, 2000). Resilience may be observed as a degree of stress managing ability and, as such, could be an important goal of

dealing in depression, stress and anxiety responses. We define a new rating scale to measure resilience. The Connor-Davidson Resilience scale (CD-RISC) includes of 25 items each evaluated on a 5-point scale (0–4), with higher scores reproducing greater resilience. The scale was managed to subjects in the following groups: public sample, primary care out patients, general psychiatric casualties, clinical trial of generalized anxiety disorder, and two scientific trials of PTSD (Connor, and Davidson, 2003). During the past year, resilience has progressively become a focus of research in the behavioral and medical disciplines (Carney, 2004; Masten, 2001).The origin for the English word "resilience" is the word "resile," which means to bounce or spring back (Agnes, 2005). Resilience has been well-defined in a diversity of ways, comprising the capability to recover from stress or quickly bounce back to adapt to stressful situations, to not become ill in spite of substantial harsh conditions and to function above the norm in spite of stress or difficulty. it may be valuable to use different words for confrontation to disorder, adaptation to anxiety, and functioning above the standard in spite of stress. (Carver, 1998) providing a clear difference between "resilience" as returning to the previous level of working e.g., recovery and flourishing as moving to a greater level of working following a stressful event. In stress adaptation could be used for shifting to adjust to a new situation. Early studies of harshly disordered patients were focused chiefly on understanding mal adaptive behavior, and the subsection of patients who presented relatively adaptive patterns were measured a typical and afforded little attention. By the 1970s, investigators had exposed that schizophrenics with the least severe courses of disorder were considered by a premorbid history of comparative competence at social relations, work, marriage, and ability to fulfill own responsibility or manage daily task. (Garmezy, 1970). Various studies have been conducted on resilience. However, the number of resilience studies is very less. Hence, this study was taken to find out the difference of resilience level among male and female adults.
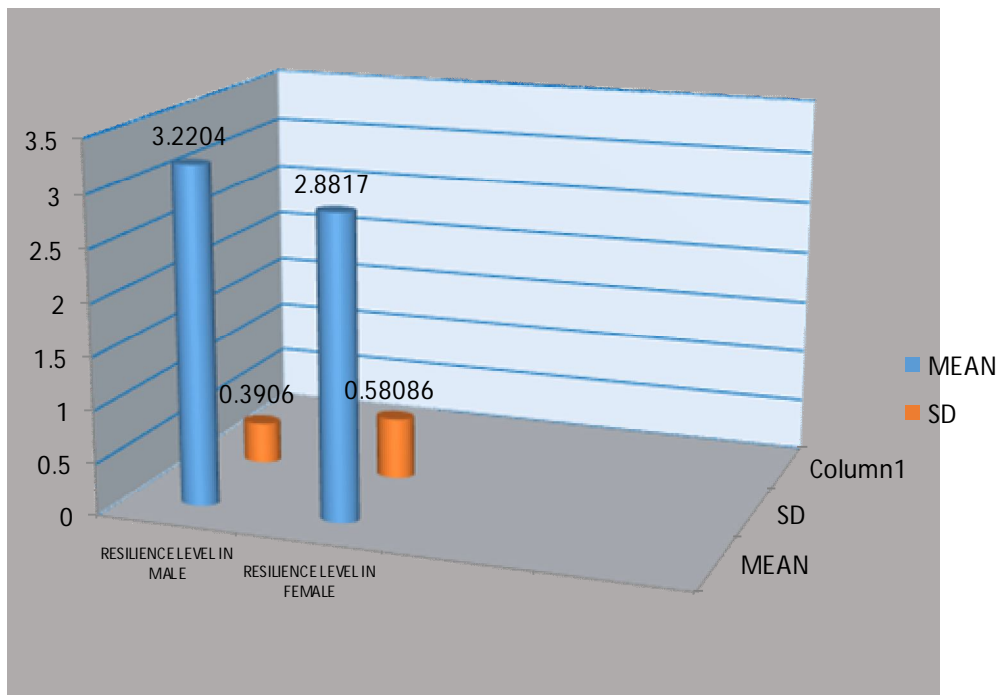
## Materials & Methods

Total subjects 62 (31 male and 31 female adults) were taken for study of resilience data has taken through online goggle form of 35 to 50 years midlife adults. Total 62 responses were received. The six items of the brief resilience scale (BRS) are presented items 1, 3, and 5 are positively worded, and items 2, 4, and 6 are negatively worded. The BRS is scored by reverse coding items2, 4, and 6 and finding the mean of the six items. The following instructions are used to administer the scale: Indicate the extent to which you agree with each of the following statements by using the following scale: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. Further analysis of data SPSS used for interpretation of data. T test for comparison of resilience level among male and female midlife adults.Brief Resilience Scale (BRS) 2008 used to measure resilience level among adults. (Smith et.al 2008)

## Results

Table 1 shows that the mean±.SD of resilience level in male and female subjects were 3.22±.390 and 2.88±.580. There was a significant difference between Resilience Level in Male and Female.

**Table 1. Mean± SD of Resilience Level in Male and Female Adults**

|  | Group Name | N | Mean | Std. Deviation | 't' | P Value |
|---|---|---|---|---|---|---|
| **Resilience** | **Male** | 31 | 3.2204 | .39060 | 2.694 | 0.37 |
|  | **Female** | 31 | 2.8817 | .58086 |  |  |

**Figure1. Mean and SD of resilience level among midlife Male and female adults**

**Discussion**

This is a comparative study of resilience among midlife male and female adults. This study shows midlife male resilience higher than females. The purpose of this study was to measure the ability to bounce back or recover from stress. The BRS is a consistent means of evaluating resilience as the ability to recover or bounce back from stress and may offer exclusive and significant information about people coping with hard times. The BRS is measure that specifically evaluates resilience in its unique and most basic meaning: to recover or bounce back from stress (Agnes, 2005). This study exclusively connected to health when monitoring for preceding resilience measures and measures of individual resilience resources (e.g., and social support and hopefulness). Since the Brief resilience scale is framed with regard to undesirable events (hard times, stressful events, set-backs difficult times), it is not amazing that its exclusive effects were specific to dropping negative results (Depression, negative effect, physical symptoms, anxiety). Resilience resources suggest it may mediate the effects of resilience resources on health results. Resources such as active coping, optimism, social support and the range of those measured by previous resilience measures may facilitate the ability to recover from adversity. The ability to bounce back itself may have a straighter connection with health outcomes. Finally, these studies have limitations that keep the foundation for future studies. In addition, the BRS needs to be likened with biological pointers of recovery from illness and stress (Charney, 2004).

## Conclusion

This is a comparative study of resilience among male and female adults. The mean$\pm$.SD of Resilience Level in Male and Female subjects were 3.22$\pm$.390 and 2.88$\pm$.580. This study shows male resilience higher than female adults. So that there was significant difference in resilience among the male and female. This study assesses the ability to bounce back or recover from hard times. There are 6-items half of which are positively focused and half negatively focused with regard to being able to bounce back after hard time experiences. Understanding resilience and assessing resilience is very important so that individuals with low resilience can be identified and suitable mediations applied to help them overcome specific challenges (e.g., anxiety, depression) or the daily challenges (e.g., problem during little bit stressful event).

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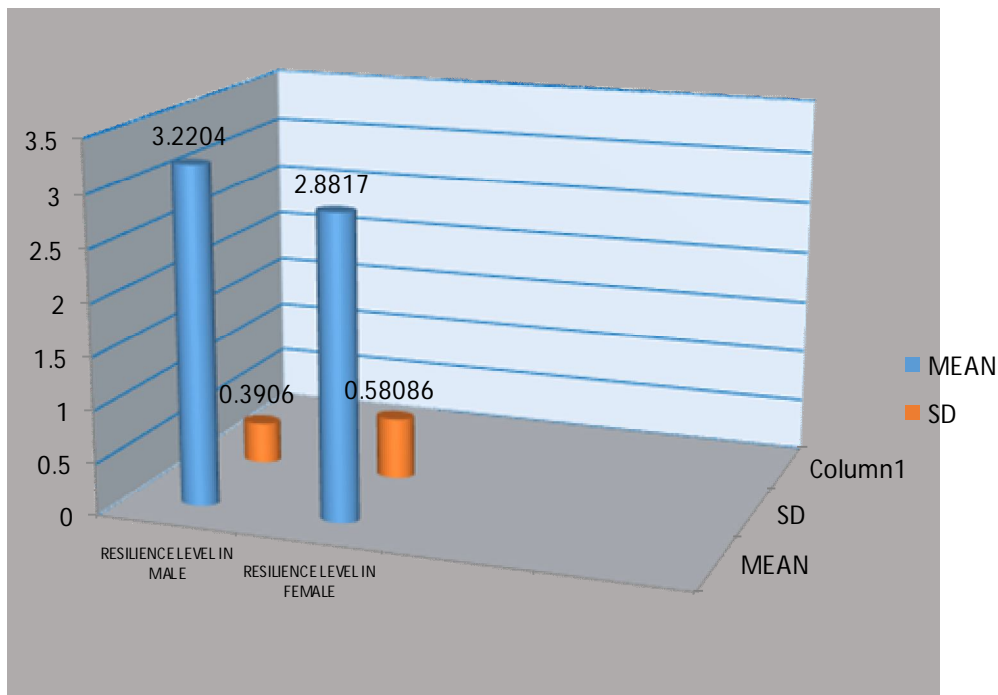
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