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A STUDY ON PHYSICAL FITNESS AND HEALTH AWARENESS AMONG GYM PRACTITIONERS OF DHARAWAD DISTRICT

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ABSTRACT

The paper's purpose is to conduct a study on variety of physical fitness and health awareness among Gym professionals in the Dharawad District so the research paper entitled "A study on physical fitness and health awareness among gym practitioners of dharawad district". For the current study, stratified random sampling was used to ensure that both gym practitioners and other school students from all talukas received equal chance. Equal weight was given to respondents from both rural and urban backgrounds. All of the children considered for this study had their health and wellness components assessed using AAHPERD Youth Fitness test battery. The exercise consisted of pull-ups (for men), flexed arm hangs (for women), a shuttle run, flexed leg sit-ups, an elevated wide jump, a 50-yard sprinting, and a 600-yard run. The investigator visited with the respondents before delivering the exam. The objectives & relevance of the scheduled tests were made clear to students. With the help of an assistant, the researcher obtained data on physical fitness. Students were told to meet inside the classroom to put their health knowledge to the test.

KEYWORDS: Physical Fitness, Health Awareness, Gym practitioners, pull-ups, shuttle run, flexed leg sit-ups, jump etc.

INTRODUCTION

Promoting health & safety of teenagers is criticalto any country's future. Adolescence is a unique stage in life cycle. Adolescents make significant health decisions & develop attitudes & health behaviours that affect theircurrent safety & well-being aswell as their risk forfuture major chronic disease. Healthy lifestyle choices and pro-social actions demonstrate authentic teenage characteristics that will last throughout adulthood. Taking care of today's teenage health and well-being benefits tomorrow's workers, parents, and leaders.

The nature of children's leisure activities has shifted drastically in recent decades. Previously, children spent the most of their free time engaging in vigorous outdoor or indoor play. The Belagavi (Belgaum) division is one of four divisions of Karnataka, India. The districts that make up the division are Bagalkot, Belgavi, Bijapur, Dharwad, Gadag, Haveri, and Uttara Kannada. It has a physical area of 44,538 square kilometers (17,196 square miles) and an inhabitants of 13,499,721 according to 2011 census. The division's average population density was 239 per square kilometer (620 per square mile).

It is widely agreed that health education should be incorporated into any structured educational system. It has been described to be "the sum of what is learned in school and somewhere else, which favourably influences habits, beliefs, and understandings related to individual, racial and community health (Clark, 2008)."

As a result, it is a whole-school activity that extends to the family and community. It instills a practical grasp of the fundamental laws of healthy living, raises awareness of the significance of good habits, and fosters long-term interest, resulting in the greatest degree of self-help.

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Health is a quality of life that may be improved or degraded, and it has a limitless capacity. It necessitates the greatest life possible, a living in which higher physical achievements are directed by emotional mental mastery.

The word "health" refers to "state of being hale, sound orwhole in body, mind and soul, well being, especially state ofbeing free from physicaldisease or pain (Clark, 2008)."

This definition isn't universally recognized. It does not place a premium on an individual's fully integrated personality. The most widely recognized definition of healthis "that quality of lifethat enables individual to live most fully & serve most effectively" (Clark, 2008).

Health is crucial for happiness and success in all aspects of life. According to World Health Organization, health encompasses physical,mental, emotional, & social well-being. It is not only absence of sickness or the infinite. It refers to entire fitness. Today, the focus in health is on wellness rather than disease, on preventative care rather than treatment.

HEALTH AWARENESS

Adolescents aredefined as young persons aged 10 to 19 yearsold by World Health Organization (WHO, 2005). Adolescents are a valuable asset to a nation since they will grow into the next generation of young men & women, providing human capital needed for country's growth. There are around 1.2 billion teenagers, or one-fifth of the world's population, and the figure is increasing. (WHO, 2005) Four out of every five people live in underdeveloped nations. Adolescence is a time of natural, cognitive, and social change of such magnitude and speed that it is unsurprising that it has been linked to the onset or development of a variety of medical concerns such as depressive conditions (Twenge and Nolen-Hoeksema, 2002), eating disorders (Reijone, 2003), dependency on substances and abuse (The Chamber, Taylor, and Potenza, 2003), and many behaviors that children engage in.

During childhood and adolescence, many habits are formed. As a result, healthy health behaviors must be instilled in children from an early age. In India, majority of children & youths spend a considerable amount of theirtime in school. Comprehensive school health promotion programs have been demonstrated in studies to have a major influence onchildren's health. In this sense, assessing teenage boys and girls' health awareness has become critical. A healthy and happy kid is better equipped to handle study demands, enjoy school life, and deal with life's obstacles.

Improving adolescents' health, safety, & well-being is acomplex task that necessitates collaboration among awide range of societal sectors & organizations, including parents & families, young people, schools & academic organizations, healthcare providers, community groups and youth-serving organizations, religious groups, the media, employers, and governments. These organizations are responsible for providing a caring framework and atmosphere, as well as growth opportunities, to stimulate and sustain youth development.

OBJECTIVES OFTHE STUDY

1. To investigate the overall physical fitness among the respondents of Dharwad district of Karnataka.
2. To investigate the health knowledge among the respondents from different geographical areas of Dharwad district.

REVIEW OF RELATED LITERATURE

Terence et al. (2001) investigated the link between academic success, physical activity, and fitness in children. The goal of this studywas to investigatelink between children's academic performance and physical activity & fitness. To do so, a nationallyrepresentative sample of 7,961

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

Australianschool pupilsaged 7 to 15 years old were given a five-point scale rating of their academic achievement, which was then compared to fitness and physical activity indicators.

According to Brown & Blanton (2002) and Patel and Luckstead (2000), the framework for physical activity inschools provides social benefits that may lead to academic achievement. Children who learn to collaborate, share, & adhere to group physical exercise standards, as well as those who discover & test their physical abilities even in solo activities, are more likely to be attached to their surroundings & school, as well as to want to challenge themselves.

Chua et al. (2006) conducted research on Fitness, BMI, & Academic Achievement. Obesity & physical fitness have been linked to academic success in various studies. Many studies, however, fail to account for combined impact of obesity & physical activity on academic attainment. We study combined effect of being overweight and physical fitness onacademic attainment in this research. Obesity, as assessed by Body Mass Index (BMI), has a non-linear connection with academic success. Furthermore, BMI appears to be confused with physical fitness, implying that schools may focus on a fitness program rather than just a nutrition program to assist enhance student intellectual success.

Darla et al. (2007) designed a study on Physical Fitness and academic achievement in kids in third through fifth grades. Because of growing frequency of overweight & unfit children, as well as unavoidable demand onschools to create kids who satisfy academic requirements, link b/w Physical Fitness & Academic Achievementhas garnered a lot of attention. Thisstudy examined 259 publicschool pupils in the third & fifth grades & discovered that physical fitness field assessments were positively associated to academic success. Aerobic ability was shown to be favorably connected to accomplishment, but BMI was found to be negatively related. Total academic accomplishment, mathematics achievement, and reading achievement all showed associations, indicating that characteristics of physical fitnessmay be generally connected to academic performance in preadolescents. The findingsare examined in terms of improving school performance and the consequences for educational policy.

Rao et al. (2008) assessed impact ofan educational interventionprogram on teenage girls' reproductivehealth knowledge. The educational research was conducted over a one-year period. A total of 791 rural ladies aged 16 to 19 were picked at random from coastalvillages in Karnataka's Udupi District. Adolescent girls were instructed on reproductive health, and their knowledge levels were tested shortly after the intervention.

Premakumara and Riyaz (2010) examined Karnataka state's regional differences in educationaldevelopment as a backdrop to inclusivegrowth strategy. Gulbarga is proven to be the most backward region in terms of education among the four regions chosen for investigation. Literacy rates are poor in compared to other regions, and dropout rates are high. However, while the government's educational programs have increased enrolment in region, students are unable tocomplete their education due to a high drop-outrate. It is stated that the situation requires the government's prompt response.

Cruz et al. (2011) investigated association b/w physical fitness, physical activity, & body massindex in secondary school-aged adolescents. The study included 131 healthystudents (49 males and 82girls) aged 14 to 18 years (M=161). A questionnaire was used to measure physical activity, which was based on frequent participation in organized and unorganized physical exercise. The Pacer test measured physical fitness level and allowed participants to be labeled as 'not fit' or 'fit' accordance to Fitnessgram. Individuals were also characterized depending on their fat levelsas 'not fat' or 'fat' using Fitnessgram. The chi-square and t-test were used to examine connection b/w physical fitness, physical activity, and BMI. Separate studies were conducted on boys and females. Based on results of a physical fitness test, 66% of the males and 38% of the girls were deemed fit.

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

Toriola and Monyeki (2012) investigated teenage learners' health status, body type, and levels of physical activity. The study included 283 teens (111 men & 172 women) from Physical Activity & Health Cohort Study, with a median age of 14.900.72 years. The International Organization for the Progress of Kinanthropometry developed techniques for measuring and delivering the composition of the body, health-related physical fitness using the Eurofit protocol test, and activity level using the Global Physical Activity Survey. It is encouraged to use community-based initiatives to support successful and long-term physical activity intervention programs in schools.

Gisladottir, Haga, and Sigmundsson (2013) assessed physicalfitness in teenagers aged 15 to 16 who had both high & low motor ability. From aninitial sample of 94adolescents, 18 were assessed as having good or low motor competence using Movement Evaluation Battery forChildren 2. The poor motor skill group had eight adolescents (3 females & 5 boys), whereas high motor ability group included 10 minors (five girls & five boys). Physical fitness was assessed using four tests: endurance, power, speed (Test of Physical Fitness), & suppleness (EUROFIT). Aone-wayANOVA found significantdifferences in all tasks b/w poor & high motor skills groups, with the exception of endurance task (ReducedCooper Test). According to data, physicalfitness characteristics have a negative relationship with inadequate motor skill. However, the fact that the Reduced Cooper Test showed no significant difference b/w 2 groups implies that kids with low motor skills can improve the condition of their hearts with their poor movement synchronization.

Muhammad Tahir Nazeer et al. (2016) explore impact offitness knowledge on park visitors' physical fitness & good behavior. Everyone must understand the significance of physical fitness, exercise, and health. Descriptive statistical methods were employed to evaluate the test variables. To determine the trend of variable links, the correlation approach was used. The T-testwas used to assesseffects of education programs on fitness & visitor health. The 600m run and 100m dash were shown to be substantially ($p<0.05$) linked to the other test parameters. Physical fitness awareness had a substantial and beneficial effect on health and activity ($p\leq0.001$). It will also assist people enhance their physical fitness and workout routines.

Dr. Shivakumar S and P Buvanendiran (2018) investigate the impact ofhealth awareness among highschool males in the state of Karnataka. To carry out this research, A total of 800 male pupils were picked from four educational divisions of Karnataka State in each of Gulbarga (N=200), Belgaum (N=200), Mysore (N=200), & Bangalore (N=200), with topics ranging in age from 12 to 16 years. A questionnaire with forty (40) items was used to test health awareness. To compute and interpret findings, ANOVA and LSD post hoc tests were utilised. The findings suggest that there are considerable inequalities in health awareness among females from various educational divisions in Karnataka State. Mysore education division has the greatest level of health awareness among Karnataka's 3 education divisions.

Harleen Kaur et al. (2020) investigate the different perspectives of exercise enthusiasts amid the COVID-19 shutdown. The COVID-19 pandemic has come to an end in our fast-paced culture. The consequences of this pandemic are enormous, and the only way to avoid the disease from spreading is to preserve social isolation. They were able to overcome emotional and physical difficulties during the lockdown by exercising at home on a daily basis.

According to the National Institutefor Occupational Health and Safety (NIOSH), constructionworkers face a higher risk than those in other sectors. Jaya Bharti overall Megha Singh (2021) analyze the physical,environmental, & mental health of constructionworkers of both genders. Previous study has indicated that construction workers aremore prone to incur workplace injuries and accidents. The study's findings provide a framework for future research into

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construction workers' physical, environmental, and mental health, as well as a foundation for improving construction employees' physical, ecological, and psychological health.

According to Kapoor et al. (2022), there is a saying that " earlier we start, sooner we achieve good health." Health is a condition of whole physical,mental, & social well-being, not only absence of sickness. Fitness is defined as capacity to do everyday functional tasks with maximum efficiency, stamina, & power while minimizing illness, weariness, stress, and inactive behavior. With technological advancements, the erosion of physical exercise has resulted in a significant decline in health and fitness. In June 2018, World Health Organization (WHO) reported that one in every five adults & four out of every five young people have reduced their physical activity due to the current pandemic. In 2016, the global rate of physical inactivity among adults was reported to be 27.5%, and competition among students and professionals for marketing, incentives, and advantages has distracted people's focus away from their health. Physical activity provides several health advantages, including increased cardiovascular and strength training, bone and metabolic health, weight management, and mental and social well-being.

Kalra S, Verma M, Kapoor N. (2023) define exercise diversity and exercising diversity. Exercise/physical activity diversity, like nutritional diversity and variation, is part of a holistic target of optimum health, an objective metric to track one's progress towards such a goal, and a way of achieving it. This idea is defined as number of exercise kinds, number of limbs & body parts trained or muscle groups engaged, the intensity range, or the number of changes in exercise techniques employed. A non-weighted score can be assigned to each exercise, limb, and groups of muscles to gain a sense of diversity.

According to Thomson and Walter (2023), the COVID-19 pandemic affected the 2021 survey and persisted into 2022, but in 2023, certain current patterns are developing while others fade as the globe recovers from the COVID-19 quarantine. Wearabletechnology is top trend for 2023, as itwas in 2022. Home fitness gyms were rankedsecond in 2022, but dropped to 13th in 2023. Fitnessprograms for the elderly will return in 2023, entering the top10 at #4. Functional sport, a popular kind of exercise for elderly, is the #5 trendfor 2023. This essay should help readers grasp the following concepts: Explain distinction amongst the exercise craze and a wellness movement. To encourage more physical activity, incorporate global fitness trends into the advertising, business, clinical (including clinical fitness), and public health and fitness industries. Examine expert perspectives on predicted dietary behaviors for 2023.

METHODOLOGY

The statistical answers were derived using SPSS statistics software (version 29). Initially, statistical information on student characteristics, physical fitness variables, total bodily fitness (converted to standard scores), and health consciousness were obtained for boys and girls from four Talukas in Dharwad district, and the normality of distribution of data was tested. Later, to identify significant variations among the study's four Taluka, ANOVA was carried out for the physical fitness variable, total physical fitness, and health awareness aspect, and the data was subjected to the LSD post-hoctest to determine the significant distinction, if any, among divisions with respect to the variables under investigation. Each facet of the data was examined independently. If the results were deemed to be significant, they are accompanied by graphs. At the end of this chapter, there was a discussion of findings inrelation to previous comparable observations, as well as a discussion of theories.

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DATA ANALYSIS

The raw data on gym practitioners' physical fitness and health awareness were treated to descriptive statistics such as Mean & Standard Deviation. Table 1 to 8 displays the results of the gym practitioners division.

TABLE 1: MEAN AND STANDARDDEVIATION OF PHYSICAL FITNESS VARIABLES-PULL-UPS/ FLEXED ARM HANG

TALUKA	N	MAEN	SD
DHARWAD	50	5	± 3.480
HUBLI	50	7	± 4.830
NAVALGUND	50	15	± 7.150
KUNDGOL	50	7	± 3.530
TOTAL	**200**		

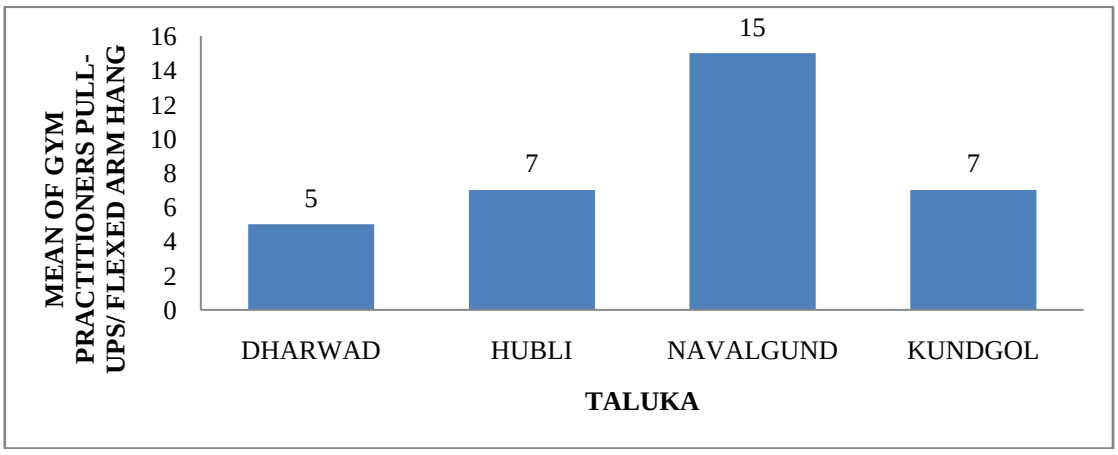

FIGURE 1: PULL-UPS/ FLEXED ARM HANG MEAN VALUE OF GYM PRACTITIONERS

TABLE 2: MEAN AND STANDARD DEVIATION OFPHYSICAL FITNESS VARIABLES-SHUTTLE RUN

TALUKA	N	MAEN	SD
DHARWAD	50	13.04	± 0.760
HUBLI	50	12.58	± 0.430
NAVALGUND	50	12.06	± 0.530
KUNDGOL	50	13.04	± 0.530
TOTAL	**200**		

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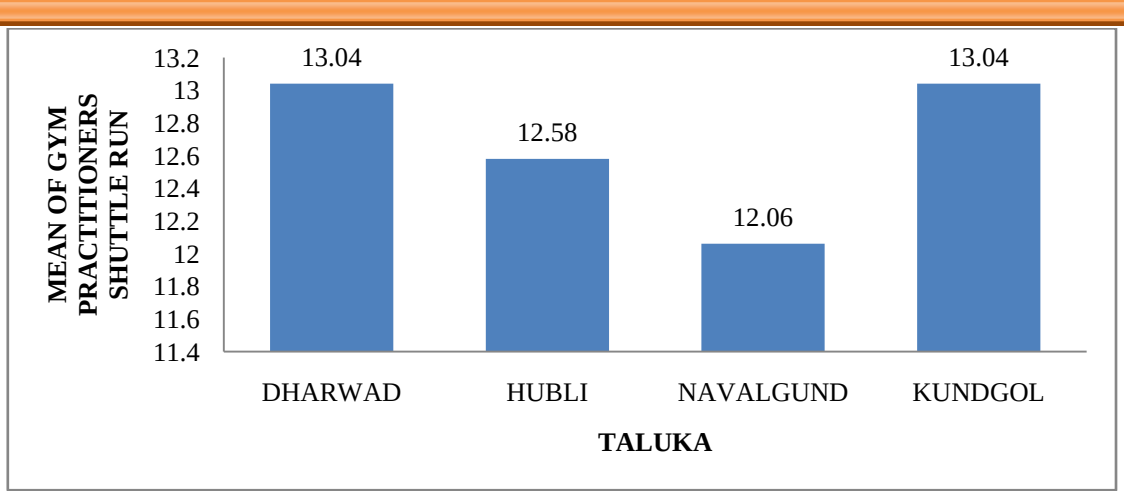

FIGURE 2: SHUTTLE RUN MEAN VALUE OF GYM PRACTITIONERS

TABLE 3: MEAN AND STANDARDDEVIATION OF PHYSICAL FITNESS VARIABLES-FLEXED LEG SIT-UPS

TALUKA	N	MAEN	SD
DHARWAD	50	23	± 10.470
HUBLI	50	25	± 13.380
NAVALGUND	50	33	± 12.940
KUNDGOL	50	15	± 6.610
TOTAL	**200**		

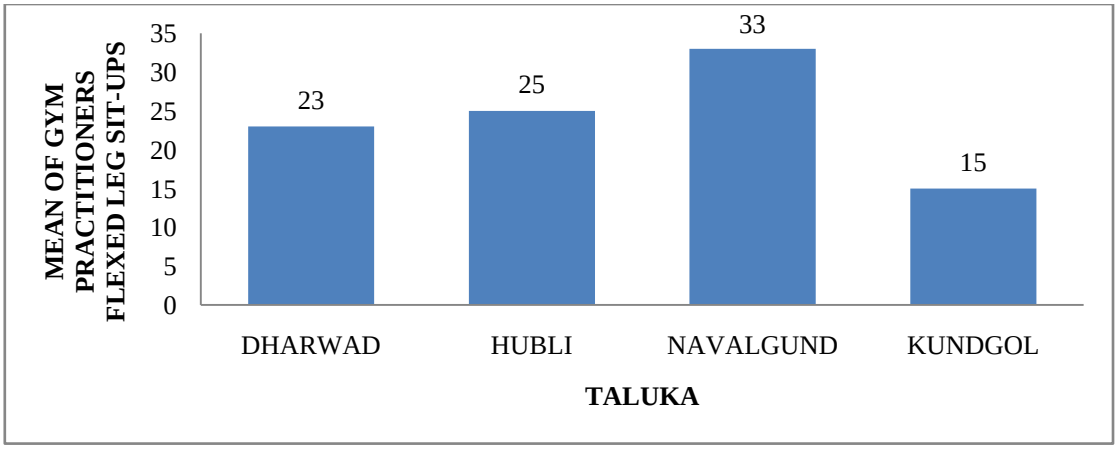

FIGURE 3: FLEXED LEG SIT-UPS MEAN VALUE OF GYM PRACTITIONERS

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

TABLE 4: MEAN AND STANDARDDEVIATION OF PHYSICAL FITNESS VARIABLES-STANDING BROAD JUMP

TALUKA	N	MAEN	SD
DHARWAD	50	155	± 21.120
HUBLI	50	151	± 4.29.840
NAVALGUND	50	164	± 22.360
KUNDGOL	50	152	± 19.820
TOTAL	**200**		

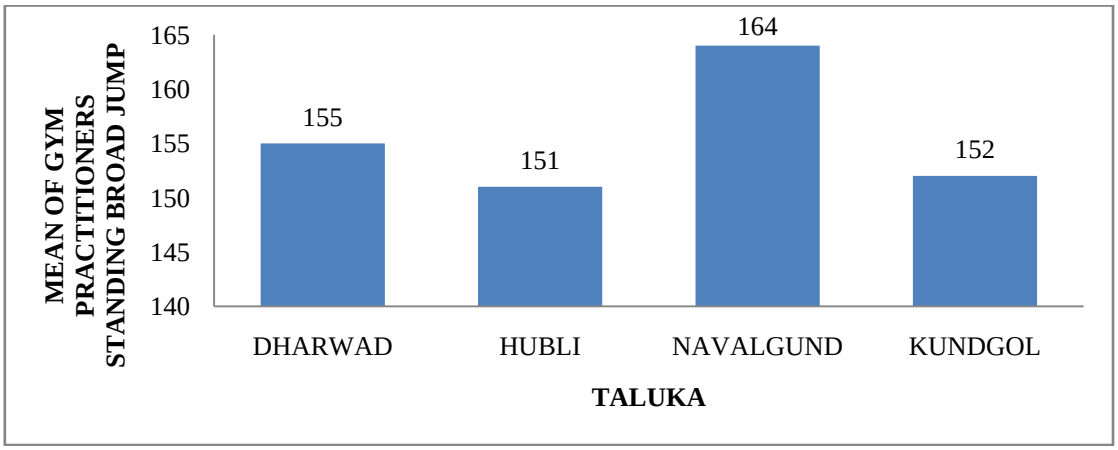

FIGURE 4: STANDING BROAD JUMP MEAN VALUE OF GYM PRACTITIONERS

TABLE 5: MEAN AND STANDARDDEVIATION OF PHYSICAL FITNESS VARIABLES-50 YARD DASH

TALUKA	N	MAEN	SD
DHARWAD	50	9.76	± 2.840
HUBLI	50	9.25	± 2.240
NAVALGUND	50	8.44	± 1.270
KUNDGOL	50	8.84	± 1.450
TOTAL	**200**		

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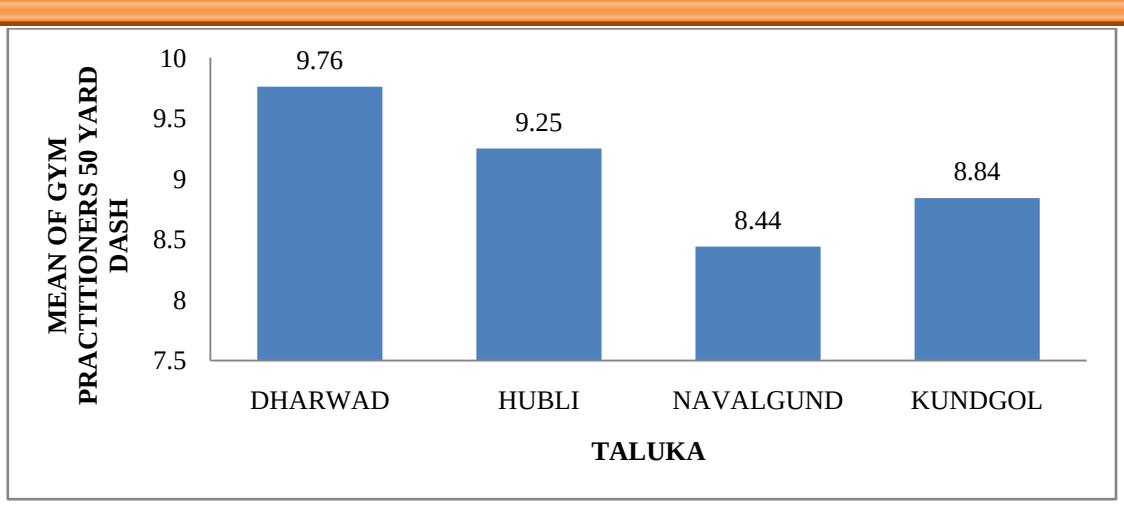

FIGURE 5: 50 YARD DASH MEAN VALUE OF GYM PRACTITIONERS

TABLE 6: MEAN AND STANDARDDEVIATION OF PHYSICAL FITNESS VARIABLES-600 YARD DASH

TALUKA	N	MAEN	SD
DHARWAD	50	1.58	± 0.460
HUBLI	50	2.05	± 0.340
NAVALGUND	50	1.62	± 0.360
KUNDGOL	50	2.38	± 0.380
TOTAL	**200**		

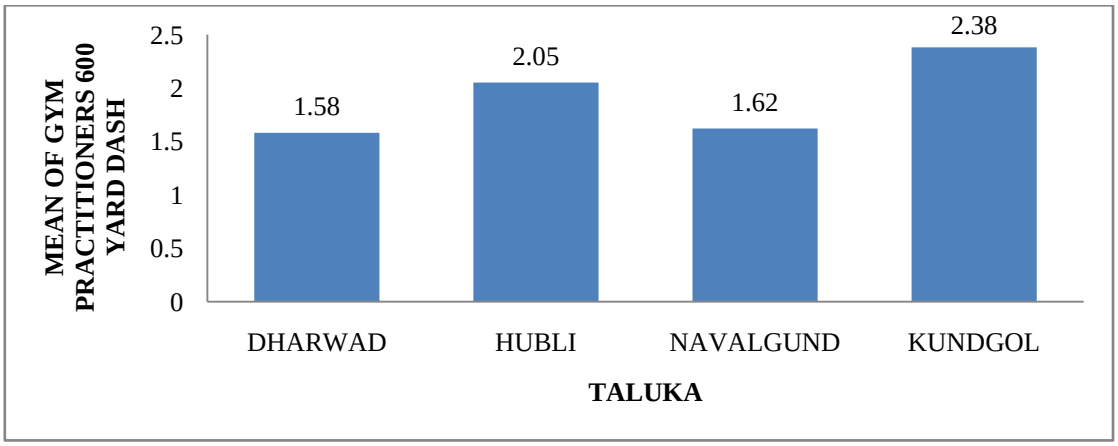

FIGURE 6: 600 YARD DASH MEAN VALUE OF GYM PRACTITIONERS

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TABLE 7: MEAN ANDSTANDARD DEVIATION OFPHYSICAL FITNESS VARIABLES-TOTAL PHYSICAL FITNESS

TALUKA	N	MAEN	SD
DHARWAD	50	286	± 31.730
HUBLI	50	297	± 23.680
NAVALGUND	50	334	± 20.850
KUNDGOL	50	283	± 16.310
TOTAL	**200**		

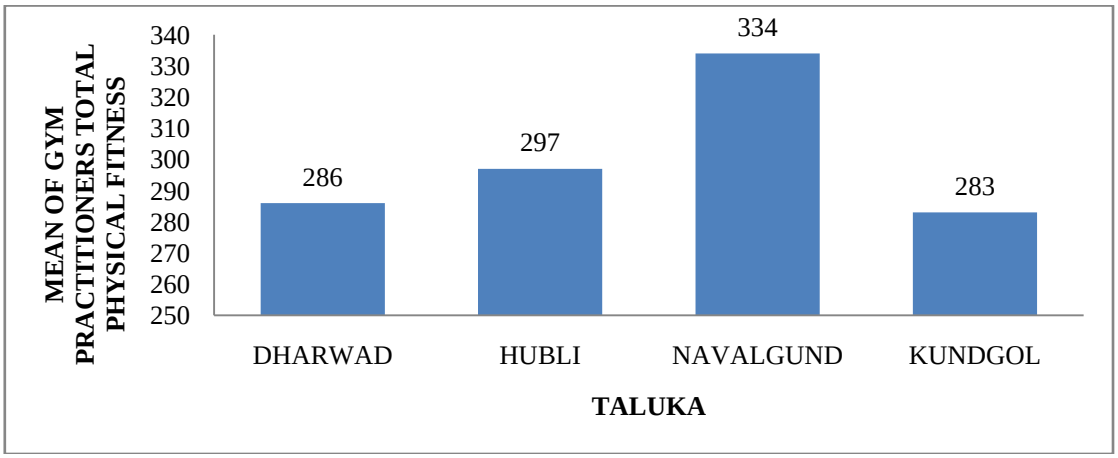

FIGURE 7: TOTAL PHYSICAL FITNESS MEAN VALUE OF GYM PRACTITIONERS

TABLE 8: MEAN AND STANDARD DEVIATION OF PHYSICAL FITNESS VARIABLES-HEALTH AWARENESS

TALUKA	N	MAEN	SD
DHARWAD	50	17	± 4.460
HUBLI	50	16	± 5.150
NAVALGUND	50	20	± 3.560
KUNDGOL	50	19	± 4.140
TOTAL	**200**		

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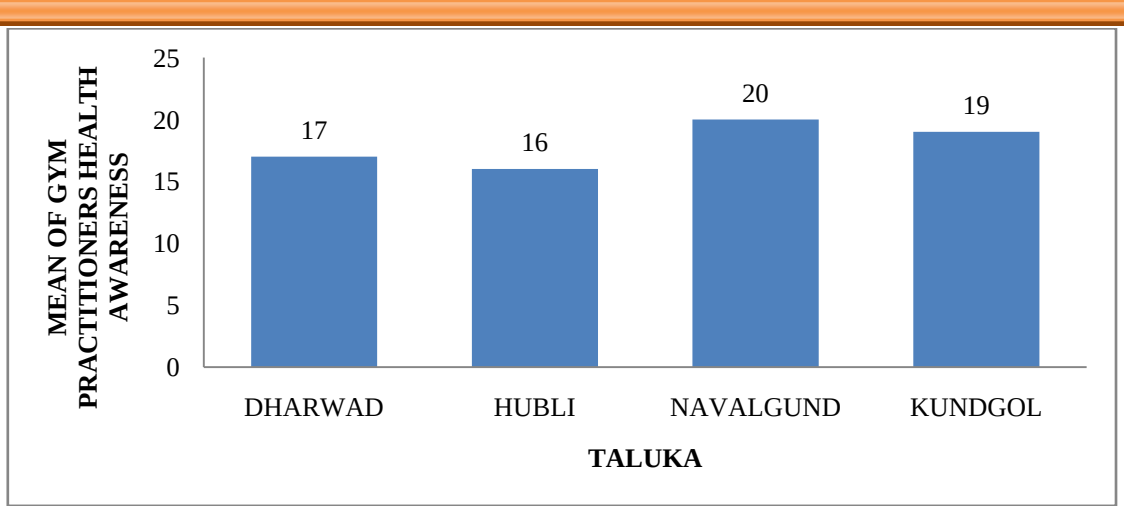

FIGURE 8: HEALTH AWARENESS MEAN VALUE OF GYM PRACTITIONERS

INTERPRETATION

Perusal of table 1 to 8 and figure 1 to 8 reveals that Navalgund Taluka gym practitioners are superior (15 and SD ±7.150) to that of Dharwad Taluka (5 and SD ± 3.480) in respect of strength factor. They also proved to be better in almost all physical fitness variables when compared to rest of three Talukas. Dharwad Taluka gym practitioners were better in cardio-respiratory endurance (1.58 and SD ± 0.480). Hubli and Kundgol Talukas gym practitioners were had almost similar fitness levels, Hubli gym practitioners were superior in abdominal strength (25 and SD ±13.380) and Kundgol gym practitioners were good in health awareness (19 and SD ± 4.140). The raw data on gym practitioners' mean scores appears to be regularly distributed, with an appropriate standard deviation, describing data consistency.

An analysis of variance was performed to determine any statistical significance in mean scores of multiple physical fitness variables; overall physical fitness and health consciousness among gym practitioners from various regions of the district of Dharwad. Table 9 to 16 displays the results.

TABLE 9: ANOVA RESULTS FOR PULL-UPS/ FLEXED ARM HANG

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
PULL-UPS (IN COUNTS)	BETWEEN GROUPS	11971.96	2	3990.66	161.741	0.000
	WITHIN GROUPS	19639.91	197	24.66		
	TOTAL	31611.87	199			

TABLE 10: ANOVA RESULTS FOR SHUTTLE RUN

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
SHUTTLE RUN (IN SECOND)	BETWEEN GROUPS	96.52	2	32.16	100.358	0.000
	WITHIN GROUPS	255.16	197	0.33		
	TOTAL	351.68	199			

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

TABLE 11: ANOVA RESULTS FOR FLEXED LEG SIT-UPS

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
FLEXED LEG SIT-UPS (IN COUNTS)	BETWEEN GROUPS	34751.15	2	11583.72	92.664	0.000
	WITHIN GROUPS	99507.71	197	125.02		
	TOTAL	134258.86	199			

TABLE 12: ANOVA RESULTS FOR STANDING BROAD JUMP

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
STANDING BROAD JUMP (IN CMS)	BETWEEN GROUPS	20407.95	2	6802.65	12.211	0.000
	WITHIN GROUPS	443464.05	197	557.12		
	TOTAL	463872.00	199			

TABLE 13: ANOVA RESULTS FOR 50 YARD DASH

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
50 YARD DASH (IN SECOND)	BETWEEN GROUPS	193.95	2	64.65	15.488	0.000
	WITHIN GROUPS	3322.42	197	4.16		
	TOTAL	3516.37	199			

TABLE 14: ANOVA RESULTS FOR 600 YARD DASH

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
600 YARD DASH (IN SECOND)	BETWEEN GROUPS	21.33	2	7.11	45.241	0.000
	WITHIN GROUPS	125.06	197	0.16		
	TOTAL	146.39	199			

TABLE 15: ANOVA RESULTS FOR TOTAL PHYSICAL FITNESS

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
TOTAL PHYSICAL FITNESS (STANDARD SCORES)	BETWEEN GROUPS	333166.86	2	111055.63	154.312	0.000
	WITHIN GROUPS	572872.13	197	719.67		
	TOTAL	906038.99	199			

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

TABLE 16: ANOVA RESULTS FOR HEALTH AWARENESS

VARIABLES	TEST GROUP	SUM OF SQUARES	DF	MEAN SQUARE	F	SIG.
HEALTH AWARENESS (IN SCORES)	BETWEEN GROUPS	1852.51	2	617.51	32.393	0.000
	WITHIN GROUPS	15174.58	197	19.05		
	TOTAL	17027.09	199			

Table 9 to 16 on ANOVA of pull-ups, flexed leg sit-ups, standing wide jump, 50yard sprint, 600 yard dash, shuttle run; overall physical fitness and health consciousness among gym practitioners from various locations of Dharwad district shows a significant F ratio. At 0.05 level ofsignificance, estimated values in this context are more than table value of 2.61. The findings show a substantial difference in pull-ups, flexed leg sit-ups, standing wide jump, 50 yard sprint, 600 yard dash, shuttle run, total physical fitness, and health consciousness among gym practitioners from various parts of Dharwad district. The LSD post-hoc test was used to gain a thorough grasp of one region's superiority over another. Table 17 to 24 displays the results.

TABLE 17: LSD POST-HOC TEST RESULTS ON PULL-UPS/ FLEXED AEM HANG

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
PULL-UPS (IN COUNTS)	DHARWAD (5)	HUBLI (7)	-2.761*
		NAVALGUND (15)	-10.341*
		KUNDGOL (7)	-2.531*
	HUBLI (7)	NAVALGUND (15)	-7.581*
		KUNDGOL (7)	0.231
	NAVALGUND (15)	KUNDGOL (7)	7.811*

TABLE 18: LSD POST-HOC TEST RESULTS ON SHUTTLE RUN

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
SHUTTLE RUN (IN SECONDS)	DHARWAD (13.04)	HUBLI (12.58)	0.460*
		NAVALGUND (12.06)	0.980*
		KUNDGOL (13.04)	0.001*
	HUBLI (12.58)	NAVALGUND (12.06)	0.520*
		KUNDGOL (13.04)	-0.030
	NAVALGUND (12.06)	KUNDGOL (13.04)	-0.980*

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TABLE 19: LSD POST-HOC TEST RESULTS ON FLEXED LEG SIT-UPS

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
FLEXED LEG SIT-UPS (IN COUNTS)	DHARWAD (23)	HUBLI (25)	-2.161*
		NAVALGUND (33)	-10.196*
		KUNDGOL (15)	8.321*
	HUBLI (25)	NAVALGUND (33)	-8.036*
		KUNDGOL (15)	10.481*
	NAVALGUND (33)	KUNDGOL (15)	18.516*

TABLE 20: LSD POST-HOC TEST RESULTS ON STANDING BROAD JUMP

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
STANDING BROAD JUMP (IN CMS)	DHARWAD (155)	HUBLI (151)	3.961
		NAVALGUND (164)	-8.936*
		KUNDGOL (152)	2.781
	HUBLI (151)	NAVALGUND (164)	-12.896*
		KUNDGOL (152)	-1.181
	NAVALGUND (164)	KUNDGOL (152)	11.716*

TABLE 21: LSD POST-HOC TEST RESULTS ON 50 YARD DASH

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
50 YARD DASH (IN SECONDS)	DHARWAD (9.76)	HUBLI (9.25)	0.510*
		NAVALGUND (8.44)	1.320*
		KUNDGOL (8.84)	0.920*
	HUBLI (9.25)	NAVALGUND (8.44)	0.810*
		KUNDGOL (8.84)	0.410*
	NAVALGUND (8.44)	KUNDGOL (8.84)	-0.400*

TABLE 22: LSD POST-HOC TEST RESULTS ON 600 YARD DASH

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
600 YARD DASH (IN CMS)	DHARWAD (1.58)	HUBLI (2.05)	-0.470*
		NAVALGUND (1.62)	-0.040
		KUNDGOL (2.38)	-0.800*
	HUBLI (2.05)	NAVALGUND (1.62)	0.430
		KUNDGOL (2.38)	-0.330*
	NAVALGUND (1.62)	KUNDGOL (2.38)	-0.760*

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

TABLE 23: LSD POST-HOC TEST RESULTS ON TOTAL PHYSICAL FITNESS

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEANDIFFERENCE (I-J)
KUNDGOL (283) KUNDGOL (283)	DHARWAD (286)	HUBLI (297)	-11.536*
		NAVALGUND (334)	-48.476*
		KUNDGOL (283)	2.606
	HUBLI (297)	NAVALGUND (334)	-36.941*
			14.141*
	NAVALGUND (334)		51.081*

TABLE 24: LSD POST-HOC TEST RESULTS ON HEALTH AWARENESS

DEPENDENTVARIABLE	(I) TALUKA	(J) TALUKAS	MEAN DIFFERENCE(I-J)
HEALTH AWARENESS (IN SCORES)	DHARWAD (17)	HUBLI (16)	1.086*
		NAVALGUND (20)	-2.546*
		KUNDGOL (19)	-2.246*
	HUBLI (16)	NAVALGUND (20)	-3.631*
		KUNDGOL (19)	-3.331*
	NAVALGUND (20)	KUNDGOL (19)	0.301

INTERPRETATION

Table 17 to 24 for LSD post-hoc test on different physical fitness variables, total physical fitness, and health consciousness indicates that the ability to perform pull-ups, gym practitioners from Navalgund (15) were the highest & those from Gulbarga (5) were lowest; there was a significant difference in strength of muscles between pupils from different regions, except between Hubli and Kundgol, which were almost identical in strength factor.

Gym practitioners from Navalgund (12.06) performed the best in the shuttle run, while those from Kundgol (13.04) and Dharwad (13.04) performed the worst; there was an important disparity in agility among students from different regions of the district of Dharwad, except for Dharwad and Kundgol, which were identical.

Gym practitioners from Navalgund (33) performed the best flexed leg sit-ups, while those from Kundgol (15) performed the worst; there was a substantial variation in abdominal strength across the guys from different places.

Gym practitioners from Navalgund (164) performed the best standing broad jump, while those from Hubli (151) performed the worst; there was an important distinction in explosive power between Dharwad (155) and Navalgund (164); Hubli (151) and Navalgund (164); and Navalgund (164) and Kundgol (152).

Gym practitioners from Navalgund performed the best in the 50 yard sprint (8.44), while those from Dharwad performed the worst (9.76); there was a substantial variance in speed among pupils from different Talukas.

Gym practitioners from the Dharwad (1.58) performed the best and those from Kundgol (2.38) performed the worst in the capacity to execute a 600-yard run; there was a substantial variation in cardio-respiratory stamina among the gym practitioners of different locations, save between Hubli and Kundgol.

Submitted: 27Dec 2023, Revised: 09 Jan 2024, Accepted: 18 Feb 2024, Published: March 2024

Gym practitioners from Navalgund had the greatest total physical fitness (307), followed by it Dharwad (300), Hubli (297), and Kundgol (295). Except for Dharwad and Kundgol, India, there was a substantial variance in total physical fitness among students from different locations.

In terms of health awareness, Navalgund gym practitioners scored the highest (20), followed by Kundgol (19), Dharwad (17), and Hubli (16). Except for Dharwad and Kundgol, there was a substantial variance in health awareness among gym practitioners from different locations.

CONCLUSIONS

There was a significant variation in pull-up ability among gym practitioners from various parts of the district of Dharwad. Navalgund Taluka gym practitioners were stronger than Dharwad taluka gym practitioners, whereas Kundgol and Hubli taluka gym practitioners were equally strong but had less muscle strength than Navalgund taluka gym practitioners. Gym practitioners from various geographical areas of Dharwad district have dramatically variable capacities to perform flexed leg sit-ups. In terms of abdominal strength, gym practitioners in Navalgund taluka surpassed those in Kundgol taluka. Gym practitioners in the Dharwad and Hubli talukas had roughly equivalent abdominal strength. Abdominal strength varied significantly between pupils from diverse locations. Gym practitioners from various geographical areas of Dharwad district have dramatically varying capacities to do flexed shuttle runs. Gym practitioners from the Navalgund taluka outscored those from the Kundgol and Dharwad talukas. There was a significant difference in agility amongst children from different sections of the Dharwad district. The standing long jump ability of gym practitioners from different geographical locations of Dharwad district varied significantly. Navalgund taluka gym practitioners outperformed the other three categories in terms of explosive power. The explosive power of pupils from four distinct study talukas varied significantly. Gym practitioners from various parts of Dharwad district have dramatically variable talents in the 50 yard sprint. Gym practitioners from Navalgund taluka did best, while those from the area performed worst; therewas a significant difference in speed b/w gym practitioners from different areas. The ability of gym practitioners from various parts of the Dharwad district to sprint 600 yards varied significantly. Dharwad taluka gym practitioners did highest in cardio-respiratory resilience, followed by Navalgund, Hubli, and Kundgol taluka. Cardio-respiratory endurance varied significantly amongst students from different places. There was a significant variation in total physical fitness among gym practitioners from different geographical regions of Dharwad district. Navalgund taluka had the highest proportion of gym practitioners, followed by Dharwad and Hubli taluka, while Kundgol taluka had the lowest. With the exception of Dharwad and Kundgol talukas, where fitness levels were practically identical, there was a significant variance in total stamina among students from other regions. There was a significant discrepancy in health awareness among gym practitioners from different geographical regions of Dharwad district. Navalgund taluka gym practitioners scored the highest, followed by Kundgol, Dharwad, and Hubli taluka. There was a significant discrepancy in health awareness among gym practitioners from diverse places.

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