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EFFICACY OF WORLD HEALTH ORGANIZATION PHYSICAL ACTIVITY GUIDELINES THROUGH INDIANIZED PHYSICAL EXERCISE PROGRAMMES ON SELECTED FITNESS VARIABLES AMONG URBAN YOUTH

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ABSTRACT
The purpose of the study was to find out the efficacy of world health organization physical activity guidelines through Indianized physical exercise programmes on selected fitness variables among urban youth. To achieve the purpose forty urban youth were selected from Chennai metro city and they were divided into two groups each consists twenty subjects Group one Indianized exercise, group two control group. Pre and Post-test were conducted prior to and after the experimental training. The experimental period was restricted to Six day in a week for Six Weeks. The collected data were analyzed statistically with the dependent't' test. The analysis revealed that the world health organization physical activity guidelines through Indianized physical exercise programmes significantly improved the selected fitness variables among urban youth.
KEYWORDS: *WHO, Physical Activity Guidelines, Indianized Physical Exercise, Fitness Variables, and Urban Youth.*

INTRODUCTION

The World Health Organization was created in 1948 to coordinate health affairs within the United Nations system. Its initial priorities were malaria, tuberculosis, venereal disease, and other communicable diseases, plus women and children's health, nutrition, and sanitation. From the start, it worked with member countries to identify and address public health issues, support health research, and issue guidelines. It also classified diseases. In addition to governments, WHO coordinated with other UN agencies, donors, non-governmental organizations (NGOs), and the private sector.

Physical activity guidelines of the World Health Organization

In 2018 WHO launched a new Global Action Plan on Physical Activity 2018-2030 which outlines four policy action areas and 20 specific policy recommendations and actions for the Member States, international partners, and WHO, to increase physical activity worldwide. The global action plan calls for countries, cities, and communities to adopt a 'whole-of-system' response involving all sectors and stakeholders taking action at global, regional, and local levels to provide safe and supportive environments and more opportunities to help people increase their levels of physical activity.

In 2018, the World Health Assembly agreed on a global target to reduce physical inactivity by 15% by 2030 and align with the Sustainable Development Goals. The commitments made by world leaders to develop ambitious national SDG responses provide an opportunity to refocus and renew efforts at promoting physical activity.

The WHO toolkit ACTIVE launched in 2019 provides more specific technical guidance on how to start and implement the 20 policy recommendations outlined in the global action plan. The global action plan and ACTIVE propose policy options that can be adapted and tailored to local culture and contexts to help increase levels of physical activity globally, these include:

The development and implementation of national guidelines for physical activity for all age groups;

- Establishing national coordinating mechanisms involving all relevant government departments and key non-government stakeholders to develop and implement coherent and sustainable policy and actions plans;
- Implementing community-wide communication campaigns to raise awareness and knowledge of the multiple health, economic and social benefits of being physically active;
- Invest in new technologies, innovation, and research to develop cost-effective approaches to increasing physical activity, particularly in low resource contexts;
- Ensure regular surveillance and monitoring of physical activity and policy implementation.

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Indianized Exercises

Yoga	Silambam
Dhands	Kalaipayattu
Baithke	Malkhamph
Gada	Calisthenic exercises
Jori	Folk dances

Health-related physical fitness is the ability to perform moderate to vigorous levels of physical activity without undue fatigue and the capability of maintaining such ability throughout life.

Health-related physical fitness means that they are healthy and organic systems of the body.

Muscular Strength

Muscular strength is the ability of a muscle group to develop maximum contractile force against a resistance in a single contraction.

Flexibility

Flexibility is the ability to perform a joint action through a range of motion. For example, touching toes while sitting or standing without bending knees.

Cardiovascular Endurance

The ability to perform muscular work at the submaximal level by moderate contractions for a long time is known as cardiovascular endurance. The direct power or maximum oxygen uptake capacity while indirectly it is measured with the help of long-duration activities, for example, long-distance running, cycling, or swimming.

Statement of the Problem

The purpose of the study was to find out the efficacy of world health organization physical activity guidelines through Indianized physical exercise programmes on selected fitness variables among urban youth.

Hypotheses

1. It was hypothesized that there would be a significant improvement on muscular strength due to Indianized physical exercise among urban youth.
2. It was hypothesized that there would be a significant improvement on flexibility due to Indianized physical exercise among urban youth.
3. It was hypothesized that there would be a significant improvement on cardiovascular endurance due to Indianized physical exercise among urban youth.

DELIMITATION

1. Only forty urban youth were selected from Chennai metro city.
2. The age group of subjects was 18 to 25 years.
3. Only health-related fitness was dependent variables.
4. Only Indianized physical exercise was an independent variable.

Limitation

1. The socio-economic background, lifestyle, and habits of the subjects were not considered for this study.
2. The subject's body types were not taken into consideration.
3. The external factor like atmosphere, the status of the subjects, cultural influences, heredity and environment of the subjects was not considered for this study.

REVIEW OF THE RELATED LITERATURE

Dinakaraprasad (2019) effect of Indian indigenous exercise programme with and without nutritional counseling on selected health-related physical fitness and physiological variables among obese engineering college students conducted a study was the investigator used a double sampling procedure.1000 students were screened for body mass index(BMI) based on their body weight and height from various affiliated colleges of Anna University in Chennai, Tamilnadu BMI score of 30.0 to 34.9 will be identified separately. One hundred twenty (120) students were selected randomly as subjects for the study. Their age ranged from 18 to 23 years. They were assigned randomly into three groups. The selected subjects were divided into experimental group I, experimental group II and control group. The selected creation variables namely cardiorespiratory endurance, flexibility, body composition, muscular strength, muscular endurance, breath-holding time,

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resting pulse rate, vital capacity, mean article blood pressure anaerobic power. Experimental group I was exposed to an Indian indigenous exercise programme with nutritional counseling, experimental group II was exposed to an Indian indigenous exercise programme without nutritional counseling and the control group was not exposed to any experimental training other than their regular activities. Experimental groups the respective treatments for 12 weeks. The pre and post-test scores were subjects to statistical analysis using analysis of covariance(ANCOVA) to find out the significance among mean the difference whenever the 'F' ratio for adjusted test find to be significant, Scheffe's post hoc test was used. In all cases 0.05 level of significance was fixed to test the hypotheses.

METHODOLOGY

The purpose of the study was to find out the efficacy of world health organization physical activity guidelines through Indianized physical exercise programmes on selected fitness variables among urban youth. To achieve the purpose fourty urban youth were selected from Chennai metro city and they were divided into two groups each consists twenty subjects Group one Indianized exercise, group two control group. Pre and Post-test were conducted prior to and after the experimental training the experimental period was restricted to Six day in a week for Six Weeks. The above experimental training were suitably executed by Indianized physical exercises on Monday – calisthenic exercise and folk dance, Tuesday – yoga, Wednesday dhands and gada, Thursday - baithke, yoga and folk dance Friday and Saturday.

SELECTION OF VARIABLES

Independent variable

1. Indianized exercises based on WHO Physical Exercise guideline

Dependent variable

Health-related fitness

1. Muscular strength
2. Cardiovascular endurance
3. Flexibility

STATISTICAL TOOLS

The collected data were analysed statistically with the dependent 't' test .through Meta test calculator online.

RESULTS ON DISCUSSIONS

TABLE – I
RESULTS AND DISCUSSION OF FITNESS VARIABLES

		SDE	't'- Value	P Value
Muscular Sterength	EG	0.2911	25.0776*	0
	CG	0.965	1.1045	0.5288
Flexibility	EG	0.3394	12.5254*	0
	CG	0.609	0.7389	0.92
Cardio-Vascular Endurance	EG	11.6501	11.6501*	0
	CG	1.453	1.453	0.2925

*Significant: Table Value requires **1.681**

The results presented in table I indicates that obtained 't' value (25.0776) for muscular strength between pre and post-test of experimental group was greater than the required table value 1.681 Hence the results proved that there was a significant improvement of muscular strength among urban youth due to the experimental training.

The results presented in table I indicates that obtained 't' value (1.1045) for muscular strength between pre and post-test of control group was lesser than the required table value 1.681. Hence the results proved that no significant improvement of muscular strength among urban youth in the control group.

The results presented in table I indicates that obtained 't' value (12.5254) for flexibility between pre and post-test of experimental group was greater than the required table value 1.681 Hence the results proved that there was a significant improvement of flexibility among urban youth due to the experimental training.

The results presented in table I indicates that obtained 't' value (0.7389) for flexibility between pre and post-test of control group was lesser than the required table value 1.681. Hence the results proved that no significant improvement of flexibility among urban youth in the control group.

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The results presented in table I indicates that obtained 't' value (11.6501) for cardiovascular endurance between pre and post-test of experimental group was greater than the required table value 1.681 Hence the results proved that there was a significant improvement of cardiovascular endurance among urban youth due to the experimental training.

The results presented in table I indicates that obtained 't' value (1.453) for cardiovascular endurance between pre and post-test of control group was lesser than the required table value 1.681. Hence the results proved that no significant improvement of cardiovascular endurance among urban youth in the control group.

CONCLUSIONS

1. There was a significant improvement on muscular strength due to Indianized physical exercise among urban youth.
2. There was a significant improvement on flexibility due to Indianized physical exercise among urban youth.
3. There was a significant improvement on cardiovascular endurance due to Indianized physical exercise among urban youth.

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