

Editorial

Physical Inactivity in Adolescents: Manmade Epidemic

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A B S T R A C T

Children and adolescents are supposed to be playing outdoor daily. During our childhood days this was not the question whether we are physically active or not because all without exception use to play various kinds of games indoor and outdoor. There was always the pressure of studies but we always have time to play.

My village is located in South Delhi then all around agriculture field. It was the time of late sixties and seventies of last century. Just backyard of house there was guava orchard fully green. It was fun to just run chasing fellow boy aimlessly. Older persons sitting in *chaupal* (village common resting place) enjoying *hukka* (water pipe tobacco smoking) and discussing whole day local and national politics. Youth and adults used to play basketball game every evening. For younger lot the Cricket was favourite game but *gilli danda*, pebbles, hide and seek was equally played. But slowly whole scenario changed over a period of time. I remember when first time one relatively well-off household purchased a Television in our village. Almost all children were used to gather in that house two days in a week when Doordarshan broadcasted every Wednesday *Chitrahaar* (series of songs) for 1 hour and every Sunday evening Hindi movie. I could recall that is the time when we started becoming inactive watching movie for 3 hours. Now 24 hours broadcasting hundreds of TV channels, mobile phone with internet connection, social media, you tube, Netflix, Facebook, Instagram, WhatsApp, have made everybody inactive.

The development of our locality means converting all green agriculture fields into new residential colony, hospital, roads, hotels, cars and encroachments all around. We used to walk for half a kilometre to get the bus but now metro station and bus stop is next door. Only one or two shops where we can find biscuits or toffee but now on fingertip, we have home delivery of pizza, biryani, chicken tandoori. Now we are walking less and eating more.

Time has changed drastically. This change is not limited to urban Delhi but whole world. A study published in The Lancet Child and Adolescent Health in 2019 showed the results of 298 school-based surveys from 146 countries, territories, and areas including 1.6 million students aged 11-17 years. Globally, in 2016, 81.0% of students aged 11-17 years were

insufficiently physically active (77.6% of boys and 84.7% of girls). It concluded that the majority of adolescents do not meet current physical activity guidelines. India is among the top ten ranking countries with the lowest level of insufficient physical activity among adolescents. The overall prevalence of insufficient physical activity was 76.6 per cent in 2001 but it was decreased to 73.9 per cent in 2016. Among girls it was 76.6 per cent in 2001 which has decreased to 76.3 per cent in 2016. However this data is for urban area and covering small sample size not represented to the country as a whole. In 2018, WHO launched a new global action program on physical activity, including new targets of a 15% relative reduction of global prevalence of insufficient physical activity by 2030 among adolescents and adults (2).

Physical inactivity is associated with number of health problems in adolescents. In a study it was found in boys that physical inactivity was associated with anxious/depressed symptoms, withdrawn/depressed symptoms, social problems, thought problems, and rule-breaking behaviour and attention problems when compared to being physically active (3). Physical inactivity is also linked with low motor skill development, high blood pressure, coronary heart diseases, diabetes type 2, cancers and all cause mortality. Obesity is common in inactive children.

WHO has recommended one hour of physical activity to all children daily. To achieve this four policy action areas have been identified: active environment, active societies, active systems and active people. Among them, two are most important: Active system means strengthen leadership, governance, multisectoral partnerships, workforce, research, advocacy and information systems to support effective coordinated policy implementation. Another one is active societies means implementing behaviour change communication campaigns and building workforce capacity to change social norms. There is need of good amount of investment and effective leadership to intervene on the multiple causes of physical inactivity in all communities.

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