



Resemblance Of Corporeal Robustness Reputation Of Rural And Urban Obese Students In Tuticorin

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Abstract

The main task of the study was to find out the resemblance of corporeal robustness reputation of rural and urban obese students in Tuticorin. To attain the task of the study 100 male obese student having 30BMI, between the ages of 14 -17 years randomly selected as the subject. The sample consisted of 50 obese from urban and 50obese from rural were selected from the schools in an around tuticorin. A battery of five tests having Harvard Step Test, Zig Zag run, Sit and reach, Shot Put throw and 50 Meter Sprint- was used to collect the required data. The collected data were analyzed by using descriptive and inferential statistics. The 0.5 level significance was fixed to find the significance difference between the rural and urban obese students. The results indicated that in cardio respiratory endurance, agility, flexibility, power and speed rural obese students were significantly different from urban obese students.

Key Words: Physical Fitness, Male collegiate students, Urban, Rural

Introduction

All-round fitness is a key to quality of life. To be able to carry out daily tasks without undue fatigue or to enjoy leisure-time pursuits requires a certain degree of fitness. A physically fit person looks better, feels better and thinks better and so lives better. Likewise physical fitness is closely associated with, good health. Blair et al (1989) showed that people with "good" fitness level have less heart disease risk than those with "low" fitness. Compared with inactive, people moderately or vigorously active people are less likely to suffer premature all-cause mortality; cardiovascular diseases (CVD) such as coronary heart disease (CHD), stroke, and high blood pressure; colon cancer; non-insulin dependent diabetes mellitus (NIDDM); and osteoarthritis (USDHHS, 1996). Plowman (1992) suggests that muscle fitness is necessary to prevent back-pain. A higher level of physical fitness is associated with a lower risk of developing hypertension, which is related to coronary heart disease (Marti, 1991). Furthermore, adequate flexibility and sufficient muscular strength and endurance may reduce risks of low back pain as well as muscular and joint injuries (Liemohn et al, 1988). Recent research shows that physical activity is one of the most important factors related to maintaining good health (Corbin & Pangrazi, 1993, USDHHS, 1996). Physical activity can help 'control body weight (Epstein & Wing. 1980) and reduce risks of cardiovascular diseases (Morris et al. 1980). In July 1992, the American College of Sports Medicine and the Centers for Disease Prevention and Control (CDC), in cooperation with the President's Council on Physical Fitness and Sports recommended that a level of physical activity is sufficient for reducing the risk of morbidity and premature mortality from a range of diseases like CVD, NIDDM.

For developing a good level of physical fitness the U.S. Centre for Disease Control & Prevention and American College of Sports Medicine (1992) recommends, a minimum of 30- minute of moderate intensity physical work out activities such as walking up stairs (instead of taking the elevator), gardening, raking leaves, dancing, and walking all or part of the way to work over a course of days. Jogging, playing tennis, playing soccer, swimming, and cycling are also found beneficial. Another example of lifestyle exercise that can be used to meet CDC/ACSM guidelines is a two-mile walk daily.

Methodology

The main task of the study was to find out the resemblance of corporeal robustness reputation of rural and urban obese students in Tuticorin. To attain the task of the study 100 male obese student having 30BMI, between the ages of 14 -17 years randomly selected as the subject. The sample consisted of 50 obese from urban and 50obese from rural were selected from the schools in an around tuticorin. A battery of five tests having Harvard Step Test (Cardio respiratory endurance),

Zig Zag run (agility), Sit and reach (flexibility of the lower back) , Shot Put throw (power) and 50 Meter Sprint (speed) was used to collect the required data. No consideration was shown to subjects' participation or any other characteristics or attributes. The data were with assistance of physical education teachers in the various schools in tuticorin. The tests and purpose of the study were explained to the students. They were readying themselves for testing. Tests were administrated in proper sequence only standard equipments were used for given sufficient time for warming up and (4) the tests.

In this study descriptive and inferential statistics were used to analyse data. Means and standard deviations described physical fitness profiles of subjects. The value of t-test was tested for $(N+N2-2)$ d.f. at .05 level of significance. Student's t-test for difference of mean was used to test whether significant difference existed between the mean of rural and urban male students in each of rodents the five fitness components. The statistically treated scores were not compared to any established norms.

Results and Discussion

Table-I

Mean, S.D. and T-Ratio of Corporeal robustness of Rural obese and Urban obese Students

Test items	Subject	Mean	SD	n*>m	**/age	t-cal
50m Sprint (sec)	Rural	6.89	.67	23	46	7.86
	Urban	7.86	.54	19	38	
Shot put throw (m)	Rural	7.84	.55	20	40	11.51
	Urban	6.35	.73	25	50	
Zig Zag (sec)	Rural	9.90	.69	28	56	6.57
	Urban	10.65	.64	23	46	
Sit and Reach (cm)	Rural	28.60	4.09	33	66	2.44
	Urban	26.74	4.92	29	58	
Harvard	Rural	78.50	3.09	30	60	

Step test	Urban	71.25	2.57	35	70	13.06
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Number of subjects scoring higher than group mean

percentage of subjects scoring higher than group mean t-cal 0.005 level of significance a t98 df

The above table shows that the rural obese students had a mean of 6.89 seconds in the 50 m sprint with more than two-fifths of the subjects' (46%) scoring higher than the group mean. In shot put, they recorded a mean of 7.84 meters, with more than one-third (40%) subjects' scoring higher than the group mean. A mean of 9.90 seconds was recorded by rural obese students' with more than half (56%) scoring higher than the group mean in zig-zag run. In sit- and each, they had a mean of 28.60 centimetres with about two-thirds (66%) scoring higher than the group mean. Results showed these rural obese students had a mean of 78.50 scores, with about three- fifth is (60%) scoring higher than the group man in the Harvard step test.

The above table also indicates that the urban obese students had a mean of 7.86 seconds in 50m sprint; slightly more than one-thirds (38%) scoring above the group mean. In shot put, they showed a mean of 6.35m, with half (50%) scoring above the group mean. The urban obese students had a mean of 10.65 seconds with more than two-fifths (46%) scoring above the group mean in zig zag run. More than half (58%) scored above the group mean of 26.74 centimetres in sit-and-reach. A majority (70%) scored above the group mean of 71.25 score in the Harvard step test.

Further the above table shows that the differences in mean scores of these rural obese and urban obese male students in 50m sprint, shot put throw, zig-zag run, sit- and-reach test and Harvard step test are significant at 5% level and results favoured the rural obese students.

Conclusion

From the result of the study, it was concluded that rural obese students are significantly more fit than the urban obese students,

References

1. Blair, S.N., Kohi, H.W, Paffenbarger, R.S, Clarke, D.GCooper, K.II., & Gibbons. L.W. 1999. Journal of the American Medical Assation, 262: 2395-2401
2. Corbin, C.B., & Pangrazi, B. 1993. The health benefits of physical activity. Physical Activity and Fitness Research Digest. 1(1): 1-7.
3. Plowman, S. A. 1992. Physical activity, physical fitness,and low back pain. In: Exercise and Sport Sciences Reviews. Ed. Holloszy, 1. O. Baltimore: Williams & Wilkins, 221-242.
4. American College of Sports Medicine 1992. The recommended quantity and quality of exercase for developing and maintaining fitness of healthy ahults. Medicine and Science in Sports and Exercise, 22:265-274,
5. Marti, B. (1991), Health effects of recreational running in women: Some epidemiological and preventive aspects. Sports medicine, 11(1): 20-51.
6. Morris, J.N., Pollard, R., Everitt, M.G., & Chave, SP. 1980. Vigorous exercise on leisure-time: Protection against coronary heart disease. The Lancet, 2: 1207-1210.
7. Liemohn, W., Snodgrass, LB, & Sharpe, G.L. 1958. Unresolved controversies in back management: A review. Journal of Orthopaedic and Sports Physical therapy, 9: 239-244.
8. Epstein, L.H., & Wing, R.R. 1980. Aerobic exercise andweight. Addictive Behaviors, 5: 371-388
9. US Centers for Disease Control & Prevention and USAmerican College of Sports Medicine. 1992 Summary statement: Workshop on physical activity and public health. Sports Medicine Bulletin, 28(4): 7.
10. US. Department of Health and Human Services, 1996. Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, Centres for disease Control and Prevention, National Centre for Chronic Disease Prevention and Health Promotion.