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Assessment of physical activity patterns of young adults attending fitness centres

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Abstract
Increasing westernization, urbanisation and mechanization occurring in the most countries around the world are associated with the changes in the diet and a sedentary lifestyle. To combat the effect of decrease in physical activity which is contributing to obesity combined with an allure to look good attract people to fitness centres, now present in every Nook and corner of metropolitan cities.
The present study was aimed to assess the physical activity pattern and dietary pattern of young adults attending fitness centres. A total of 50 subject, only males registered in 2 different fitness centres were enrolled for the study. Data was collected on socio demographic profile, dietary patterns, routine physical activity, using suitable questionnaires. The subject were young adult in the age range of 18 to 25 years of age. Majority of the subjects had been visiting the fitness centres daily.
The study showed that besides contributing to physical fitness, activities done at fitness centres contribute to reducing the prevalence of obesity and overweight in young people.

Keywords: Physical fitness Physical activity Health

1. Introduction
Physical activities are those activities which require bodily movement produced by skeleton muscles those result in energy expenditure. Everyone performs physical activity in order to sustain life; however, the amount age is largely subject to personal choice and may vary considerably from person to person as well as for a given person over time.
Our body require physical activity to remain healthy. Throughout history, survival of the human species depending on hunting or gathering food supplies, pursuits that demanded prolonged and often strenuous physical activity. The advent of mechanisation and modern technology in the last decade has resulted in the human race becoming less which physically active than ever before and we are playing for it without health.
Regular physical activity is associated with the healthier and longer life. Physical inactivity leads to major risk factor for chronic disease, and in contributing to the population burden of disease in western society.
Physical activity in general and its high intensity in particular influences positively health and fitness, reduce the risk of several disease, promotes mental health and wellbeing and reduces stress While lack of or minor physical activity is related to poor development of health and mental and social problems . Physical activity is a potential factor in the promotion of favourable educational and socio economic careers during the life course. Young people's physical activity practices and educational performance are influenced by their living conditions. Success in physical activity add to self-confidence and makes the person believe in himself or herself in college, work, and consequently to survive for high levels in education.

Health Benefits of Physical Activity
The health benefits of physical activity are seen in children and adolescents, young and middle age adults, older adults, women and men, People of different races and ethnicities, add people with disabilities and chronic conditions. Adult of all sizes and shapes gain health and fitness benefits by being habitually physical active. The benefits of physical activity also outweigh the risk of injury and sudden Heart attacks, to concerns that prevent many people from becoming physically active.
Regular physical activity is known to have a host of health related benefits 4 physical and mental wellbeing. It has been shown to improve cardiovascular fitness, increase longevity, the maintenance of healthy joints, lower blood pressure and reduces risk of cardiovascular disease. Recent evidence has shown that people who are physically active reduce there is scope motility and morbidity below the level of normal weight people who are not physically active. In other words it is possible to be healthy and obese as long as the person is regularly active and fit.
Regular activity sustained over several years contribute to weight control and protection from cardiovascular disease, diabetes, other chronic disease. In addition, recent investigations have shown that aerobic fitness and physical activity exert protective effect on heart disease risk in adults that are independent from other risk factor.

Social and Psychological Benefits of Physical Activity
Participation in sport and physical activity has been linked to numerous physical and psychological benefits. The physical benefits have been clearly established and include reduction in the risk of obesity, cardiovascular disease, osteoporosis and other chronic disease. In terms of psychological well-being, physical activity and exercise have been linked to positive mood, Lower anxiety, positive self-perceptions and enhanced self-esteem.
Participation in sport and physical activities maybe particularly crucial for the enhancement of psychological well-being in children and adolescents. It has been suggested that the sporting arena fosters children's

development of skills such as cooperation, self-discipline, coping in success and adversity, competitiveness, sportsmanship, leadership and self-confidence.

With respect to psychological wellbeing, participation in regular physical activity has also been shown to confer considerable benefit. Evidence exists for the reduction of anxiety, stress and depression in individuals through exercise.

Exercise has also been shown to boost energy and calmness and increase self-esteem. In sum, regular physical activity is associated with numerous benefits for the individual. However, research into the effect of different types of and reasons for physical activity has shown that not all individuals benefits positively from all types of exercise.

Physical Activity Patterns

Inadequate physical activity in people of all ages is a serious public health problem. The nature of children's recreational pursuits has changed dramatically over the last few decades. Whereas children used to spend much of their recreational time engaged in active outdoor play, the emergence of television, Computer games and the Internet has meant that Children are now spending much more of their free time engaged in sedentary pursuits.

The important of physical activity, mental and social health of adolescent is undisputed, and therefore it is critically important that if words are made throughout the world to reintroduce physical activity into our youth.

During childhood and adolescence, families critically influence their children's health behaviors including physical activity.

Parent modal behaviors for their children, engage in activities with them, monitor their children's behavior, and provide support and encouragement that can result in behaviors, and encouragement that can result in behavior change and positive health outcomes.

Across all ages, boys are more likely to participate in sports than boys, and Girls participation rate decrease at a far more rapid than boys. There are a number of potential reasons for the observed gender differences in adolescent sports participation, including differences in the availability of sporting options and gender role expectations.

While appearances and body image concerns are common among women of all ages, they are especially prevalent during adolescence where a majority of girl's body image dis satisfactions and express a desire to be thinner.

Very few qualitative studies have explored how appearances and body image concerns may impact on adolescents sport participation.

Asti et al found that participation in physical activity was significantly related to the improvement of self-concept in high school males. Generally, findings about physical activity in young people reveal that boys are more active than girls, and that the amount of physical activity declines with age. Similarly, girls raised issue of it not being 'cool' or feminine for them to play sport. In support, Engel (1994) [9] asserts that it is during adolescences, when the importance of felinity is heightened for girls, that playing sport begins to appear incompatible with felinity.

However, successful lifestyle interventions in children are not easy, since they ideally should involve the participation of home and family, school and community and further should be holistic incorporating changes in lifestyle, diet and physical activity.

Physical Fitness

Physical fitness may not be the same as healthy life without physical illness. The emphasis is changing from encouraging and increasing in fitness. This new approach comes from the fact that there is a genetic component to fitness and that health benefit is achieved by physical activities that do not necessarily produce large gain in fitness.

In contrast with physical activity, which is related to the movements that people perform, physical fitness is just set of attributes that people have or achieve being physically fit. The health related components of physical fitness are

(a) Muscular strength
(b) Body composition
(c) Flexibility

Types of Exercise

Physical activity can be categorised in a variety of ways. The simplest categorisation identifies the physical activity that occurs while sleeping, at work, and at leisure. The term exercise has been used interchangeably with physical activity and in fact both have a number of common elements. (Taylor, 1983) Exercise, however is not synonymous with physical activity: it is sub category of physical activity. Physical activities like exercise, yoga are planned, structured, repetitive and purposive for the improvement or maintenance of one or more components of physical fitness. Exercise, then is a subset of physical activity and make constituted all or part of each category of daily activity except sleep (careers et al, 1985)

Within the fitness Centre environment, many different types of fitness activity exist. These include a range of group fitness classes (cardio based, weight based and yoga based) and individual workout. While each activity has health benefits, to date, the psychological benefit of each form of exercise in terms of individual body image remain and unclear (Mond et al, 2006: Adkins and keel, 2005) specifically, cardio based workouts are designed to increase cardiovascular fitness. However, they also focus on burning fat and calories and are, therefore, promoted as an essential ingredient in any weight loss regime. Thus, many women who participate in cardio based exercise programs main do so primarily for weight control reasons, which have in turn been associated with greater body image and eating disturbance (Mond et al, 2006; Adkins and keel, 2005) In contrast, weight based exercise target strength and are essential for the maintenance of optimal bone mass in adult women. For this region, they may be more directly related to functional regions for exercise such as health and fitness and as a result, more likely to be associated with positive body image outcomes. Henry et al (2006) have shown that interval circuit training has a positive effect on body image.

Finally, yoga best exercise focuses on unifying the mind and the body whilst increasing internal body awareness. This de-emphasis on appearance maybe protective against self-objectification and more positive for individual well-being (Malt by and Dary, 2001). In Sport of the notion, Daubenmier (2005) has found that a small sample of women recruited from yoga Studios had greater body satisfaction, lower self-objectification and healthy eating habits than a sample of step aerobics participants.

Fitness Centres

Fitness centres provide a common exercise location for

approximately one third of exercising women (Slater and Tiggemann, 2006). However, Exercising within this environment has been found to be associated with greater body image concern for women. This may be because fitness centre provide an atmosphere in which women's bodies are on display, and there is also an extreme emphasizes on weight loose and what the body should like. Female fitness participants, in particular, are often surrounded by a plethora of mirror, poster that depict the ideal body and other women's bodies with which to compare themselves, within classes that offer to tone and sculpt bodies to perfection all aspect which suggest that fitness centres are objectifying in nature (Prichard and Tigeman, 2005). Exercising in Mirrored environment has been shown to produce negative feeling state in sedentary women, and miss served to increase body image concern and self-objectification in some women do to increased surveillance of their own body (Martin et al,2003). Equally fitness classes that focus on the body as a malleable object may heighten women's self-objectification and concerns about their bodies. Support for the proposition that fitness centres promote an objectifying environment comes from recent correlational studies (Strelan et al, 2003) Studies have been done to find the relationship between different types of exercise within fitness centres and self-objectification, body steam and disorder eating behaviour and they also determined how these relationship would be affected by the women's reasons for engaging in particular forms of exercise within the fitness Centre environment. specifically, it was hypothesized that time spent exercising within the fitness Centre environment itself would be more positively associated with self-objectification and eating disturbance, And more negatively associated with body esteem Then time spend exercising outside. Participation in cardio based fitness activities was hypothesized to be associated with greater body image Outcomes. Finally, it was hypothesized that this relationship would be mediated by regions held for participating in this form of exercise. The practical implications suggest the need for fitness centres to promote functional reasons for exercise such as health, fitness and enjoyment, over appearance related reasons such as losing weight, in an effort to improve the body image (Prichard and Tiggemann, 2008). This is perhaps easier said than done, as in general, both the fitness Centre environment and current societal standards of beauty equate looking healthy to looking thin and beautiful (Mutrie and Choi, 2000)

Objectives

1) To assess the physical activity of people attending fitness centre.
2) To assess the exercise pattern of people attending fitness centre.
3) To assess the dietary pattern of people attending fitness centres.

Research Methodology

The advent of mechanization and modern technology in the last few decades has resulted in the human race becoming less physically active than ever before. To make up for the lack of physical activity and the desire to look fit and good allures people to fitness centres which have sprung up in cities. The present study was undertaken to assess the physical activity patterns of young adults attending fitness centres.

Study Design

Locale of Investigation

The study was carried out in fitness centres in Rewari, Haryana. Information about the names and addresses of various fitness centres was gathered through friends, hoardings, banners and word of mouth and 2 fitness centres were selected for study for the following reasons.

- Willingness to cooperate
- Ease of accessibility by the investigator
- Availability of the target group.

The chosen fitness centres were:

- Gladiator Fitness Club
- Fitness First Health line

Selection of Sample

Young adults, 18 years and above, attending fitness centres were enrolled for the study.

Inclusion criteria:

- Subjects willing to participate in the study.
- Subjects, 18 years and above age (only Males)
- Subjects who had been attending the fitness centres for at least 15 days to 1 month.

Sample size:

- Study was conducted on 50 subjects in the range of 18-25 years.

Tools and Techniques

Keeping in mind the objectives of the objectives of the present study, the following tools and techniques were used for data collection:

- General information
- Physical exercise questionnaire
- Dietary pattern questionnaire

Questionnaire

It is a device for securing answer two question by using a form that respondent's investigators fill in. It is method of social and scientific research and is an ideal tool to be used when the sample size is large.

Suitable questionnaire design for the collection of desired information. This included:

- General information like names, age, gender, educational qualifications, occupation, marital status, type of family, family size, family income. information was also collected on family history of disease like obesity, diabetes and hypertension
- Information on dietary pattern like food habits, number of meals, skipping of meals, frequency and type of meals skipped, food preferences, frequency of eating out, foods eaten before and after attending the fitness centre, and in dietary restriction.
- Information on routine physical activity pattern.
- Information on physical activities/ exercise veteran at the fitness centres: frequency of visiting the centre, type of activities performed and time spent on each activity at fitness centre**.**

Pre testing of the questionnaires

Pretesting was done before finalising the tool and data collection

Data collection

The subject were enrolled from the two fitness centres and information was collected from the subjects regarding:

- General profile like age, education, occupation, family type and size, family history and daily activity pattern
- Dietary patterns and food habits of the subjects.
- Physical activity pattern i.e. daily routine and activity done at the fitness centres.

Results

The present study was undertaken to assess the dietary and physical pattern of young adults attending fitness centres. A total sample size of 50 only males was taken from 2 fitness centres**.** Information was gathered regarding the general profile, dietary pattern, routine physical activity pattern and activities done at the fitness centres.

General Profile

Data on general profile of the subjects included age, educational qualification, marital status, occupation, monthly income.

Age

The subjects included in the study belonged to the age group of 18-25 years. Subjects aged 18-20 years formed 30% of the total sample size and subjects aged 21-25 years formed 70% of the total sample.

Educational Qualifications

Data on educational qualification of subjects suggested that as compared to undergraduate (20%), there were more of graduates (42%) and post graduates (38%). This reflects that awareness on health and fitness increases with educational qualifications. Other reason could be looking good at their jobs and approaching marriageable age for the relatively older subjects.

Occupation

Data regarding occupation of the subjects revealed that majority of them were working (60%) while a good percentage were studying (40%). Majority of the working subjects reported being in desk jobs and teaching. The data thus reflects that most of the subjects were leading a sedentary lifestyle which could be a reason for attending centres.

Marital Status

Marital status indicated that 76% of the subjects attending the fitness centres were unmarried while only 20% of the subjects were married and 4% were divorced. More of time availability and less of family responsibilities among unmarried youngsters as well as the increased desire to look good stay fit may be the reasons for many of them joining fitness centres.

Personal Income

As indicated in occupation 60% of the subjects were working. Further, amongst those were working, majority 50% were earning less than Rs.50, 000 per month. As the fees charged by the centres is fairly high, a large number of clients are very often working groups.

Thus, working status and personal income seem to be influencing factors.

Epidemiological studies also show strong associations between socio-economic status and frequency of attending fitness centres (Gopalan, 2004).

Table 1: General Profile of the Subjects

	N	%ages
Age		
18-20 years	15	30
21-25 years	35	70
Total	50	100
Educational Qualification		
Undergraduate	10	20
Graduate	21	42
Post graduate	19	38
Total	50	100
Occupation		
Studying	20	40
Working	30	60
Total	50	100
Marital Status		
Married	10	20
Unmarried	38	76
Divorced	2	4
Total	50	100
Monthly Income (Rs /Month)		
Less than 50,000	25	50
Rs. 50,000- 1lakh	15	30
More than 1 lakh	10	20
Total	50	100

Physical Exercise Pattern at Fitness Centres

Most of the subjects had come to know about the fitness centre through word of mouth and through newspaper or media. Information about the type, duration and frequency of physical exercise done at the fitness centre, frequency of visiting the fitness centre, reasons for joining the fitness centre etc. was collected.

Motivating Factors

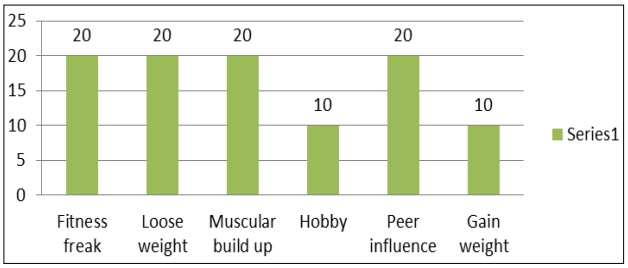

Fig 1: Reasons for joining fitness centers.

Figure 1 shows a high degree of motivation in the subjects for varied reasons to join the fitness centres. Majority of the subjects reported joining centres due to being weight loss (20%). There were many who joined the fitness centres because of being fitness freak (20%), and for muscular build up (20%). This may be attributed to an increased awareness among subjects about consequences of obesity. Some of the subjects had joined the fitness centres to gain weight (10%) and as a hobby (10%).

Frequency and Duration of Visiting Fitness Centers

Table 2: Visiting fitness centers

	N	%
Duration of visiting the fitness centre		
15 days- 1 month	10	20
1-3 months	16	32
More than 3 months	24	48
Total	50	100
Frequency of visiting fitness centre		
Daily	35	70
3-5 days/week	12	24
Once in a month	3	6
Total	50	100
Regularity in visiting fitness centre		
Yes	35	70
No	15	30
Total	50	100

Table 2 shows that 32% of the subjects reported visiting the fitness centres for the last 1-3 months , another 48% had been visiting the fitness centre for more than 3 months; the rest 20% coming to the fitness centre for less than one month at the time of the study were likely to continue for a longer time.

While 70% of the subjects reported visiting the fitness centre regularly basis another 24% had visiting the fitness centre for 3-5 days in a week and the rest 6% coming to the fitness centre for once in a month.

Monthly Income and Frequency of Visiting Fitness Centers

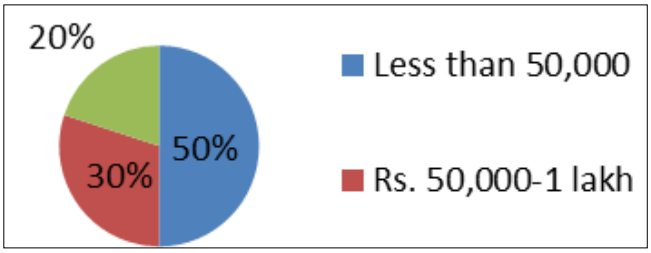

Fig 2: Monthly income

Figure 2 show that 50% of the respondents earn less than 50,000, 30% between 50,000 – 1 lakh and only 20% more than 1 lakh. Figure 3 show that 70% of them visit fitness centre daily, 24% of them visit 3-5 days/week and only 6% visit once a month. Thus implies that the socio economic status may have an influence on the frequency of visiting fitness centres as fees charged is usually high.

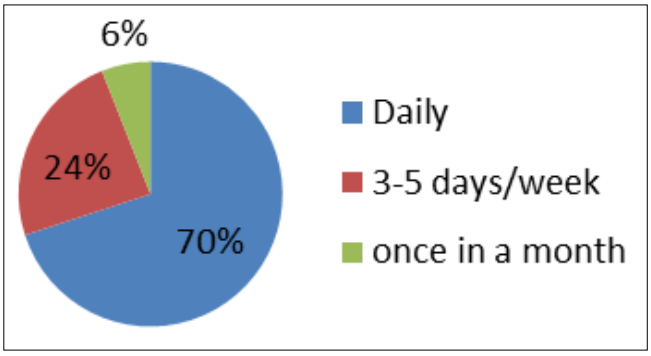

Fig 3: Frequency of visiting fitness centers

Types of Activities at the Fitness Centers

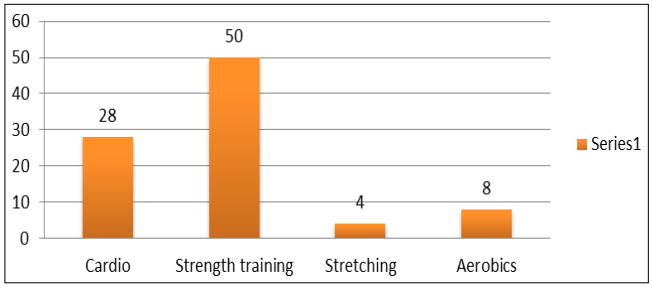

Fig 4: Types of activities done at fitness centers

Figure 4 shows that while majority of the subjects 50% were involved in strength training exercises at the fitness centres, 28% and 8% of the subjects were involved in cardio exercises and aerobic respectively, only 4% subjects were doing stretching activities. Thus, strength exercises are the favourite workouts among young adults.

Dietary Restriction and Counselling

Table 3: Diet restrictions

	N	%
Diet restrictions with physical exercise		
Yes	28	56
No	12	24
Total	50	100
Is it recommended by the fitness centre		
Yes	40	80
No	10	20
Total	50	100

It is evident from table 3 that 56% of the subjects were following diet restriction but on their own and amongst them, 80% of them were following diets but were recommended by the fitness centre itself. This further showed health consciousness among subjects.

Table 4: Counselling done at fitness centre

	N	%
Counselling done at fitness center		
Yes	40	80
No	10	20
Total	50	100
Kind of counselling		
Diet related	30	60
Exercise related	20	40
Total	50	100

Table 4 shows that 80% of the subjects were getting counselling at the fitness centres on issue related to either diet or physical activity or both. A large number of the subjects took diet related counselling (60%) and exercise related counselling (80%). This could be stated as a plus point of the fitness centres because the focus is on long term weight maintenance rather than weight loss.

Table 5: Satisfaction with fitness centres

	N	%
Yes	28	56
No	12	24
Total	50	100

Table 5 shows that majority (56%) of the subjects expressed satisfaction with the fitness centre that they were visiting whereas 24% of them were not much satisfied with their fitness centres.

Family History

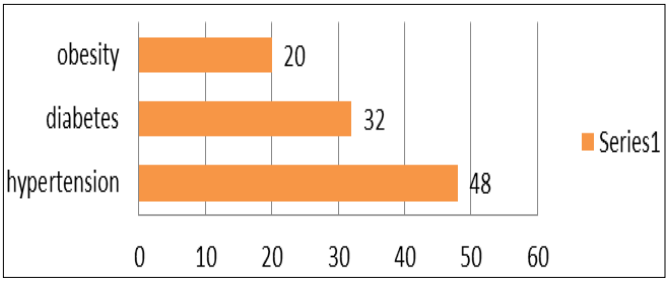

Fig 5: Family history of the subjects

Family history of the subjects was obtained. All the subjects reported having a family history of one or more non – communicable disease. Figure 5 shows that 48% of the subjects reported family history of hypertension, 20% had family history of obesity and 32% of the subjects had family history of diabetes. This could be a motivating factor for some of the subjects to join fitness centre so as to combat tendency of these diseases.

Table 6: Family history a reason for joining fitness centre

	N	%
Yes	33	66
No	17	34
Total	50	100

Table 6 shows that only 66% of the subjects reported having fitness centre because of family history. 34% had joined the fitness centres centre not due to family history of obesity or other problems but due to a general desire of remaining fit.

Intake of Food Supplements

Table 7: Multivitamin or Food Supplement Along With Physical Exercise

	N8	%
Yes	42	84
No	18	36
Total	50	100

Table reveals that 84% of the subjects reported taking a multivitamins or food supplement along with their workout at the fitness centre. Consumption food supplements by a large number of subjects, especially after joining fitness centre is a further indications of being a freak for physical fitness.

Dietary Pattern

Data relating to dietary habits of the subjects was collected in terms of food habits, meal patterns, frequency of eating out, consumption of non- vegetarian foods etc. both Quantitative as well as qualitative data related to dietary Lifestyle was collected from the subjects.

Food Habits

Table 8: Food habits of the subjects

	N	%
Food habits		
Vegetarian	8	16
Non-vegetarian	26	52
Eggetarian	16	32
Total	50	100
Frequency of consumption of non-veg		
5-6 times a week	7	26.9
2-4 times a week	10	38.5
Once a week	9	34.6
Total	26	100
Type of non-veg food preferred		
Mutton	9	34.6
Chicken	12	46.15
Fish	5	19.23
Total	26	100

Table 8 indicates that 16% of the subjects were vegetarian, 52 % were non – vegetarian and 32% were Eggetarian. Thus, the study group was well represented by vegetarians, non – vegetarians and Eggetarian.

Data about the frequency of consumption of non- vegetarian food revealed that while 38.5% and 34.6% of the subjects were consuming it 2-4 times a week and once a week or less respectively, 26.9% of the subjects were consuming non – vegetarian food on 5-6 times in a week. The data further also revealed that consumption of chicken and mutton were reported by a greater number of subjects.

Meal Patterns

Table 9: Meal pattern of the subjects

	N	%
Number of meals in a day		
2-3 meals	22	44
More than 4	28	56
Total	50	100
Regular meal timings		
Yes	22	44
No	28	56
Toatal	50	100

Table 9 reveals that majority of the subjects followed 3 or more than 4 meal patterns. 56% of the subjects followed more than 4 meal patterns in a day. The four day meal patterns generally consisted of breakfast, lunch, evening tea and dinner. Those reporting two or three meal patterns (44%) were mostly taking late breakfast, tea and dinner, Work timings, hectic schedules as well as being conscious of eating extra may be the reason for subjects taking two or three meals in a day.

Data regarding the regular the regularity meal timings revealed that maximum number of subjects reported that they does not have regular meal timings (56%).

Skipping Meals

Table 10: Skipping Of Meals

	N	%
Skipping meals		
Yes	40	80
No	10	20
Total	50	100
Frequency of skipping meals		
Daily	4	10
Often	20	50
Rarely	16	40
Total	40	100
Meals skipped frequency		
Breakfast	10	25
Lunch	5	12.5
Evening tea	10	25
Dinner	15	37.5
Total	40	100

As indicated in table 10, a large number of the subjects reported skipping meals (80%). Further, majority of the subjects who missed their meals did it often (80%) and another 10% reported missing their meals daily. Evening tea and breakfast was reported to be the most commonly skipped meal (25%).

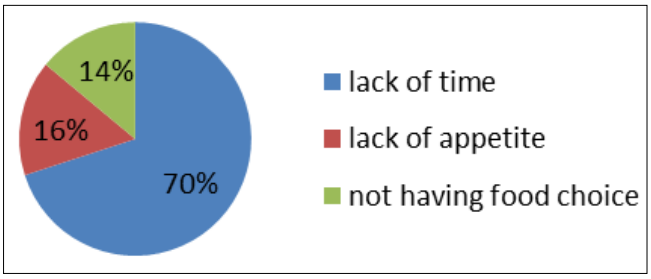

Fig 6: Reasons for skipping meals

Responses obtained regarding reasons for missing/skipping meals as shown in figure 6 suggested lack of time as the main reason for skipping meals (70%). Lack of appetite (16%) and not having food of choices (14%) were other reasons given by the subjects.

Eating Out

Table 11: Frequency of Eating Out

	N	%
Frequency of eating out		
1-3 times/week or less	42	84
4-5 times/week	5	10
Daily	3	6
Total	50	100

Eating out is a commonly practice among youngsters. This often leads to extra intake and in turn may be one of the reasons for taking up fitness and weight loss exercise at the gyms and fitness centres.

As indicated in the table 11, 84% of the subjects reported eating out often (1-3times/week); 6% of the subjects reported eating out daily. A large number of subjects were thus found to be eating out on a 1-3 times/ week. This could also be a reason for joining fitness centres as eating out often leads to extra intake.

Factors Associated With Eating

Psychological and social factors often contribute to eating more than normal. To counteract this, many young people resort to practices of burning off the extra calories consumed. Attending fitness centres is one such choice.

Figure 7 reflect that majority of the subjects reported eating more whey would be tired (32%) or when stressed (20%) and depressed (20%); 6% of the subjects reported eating extra because of boredom which was quite interesting to note. Other factors that made subjects eat more that is to be more social (12%).

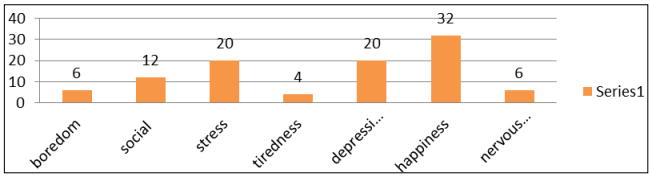

Fig 7: Factors that contribute to extra eating

Activities While Eating

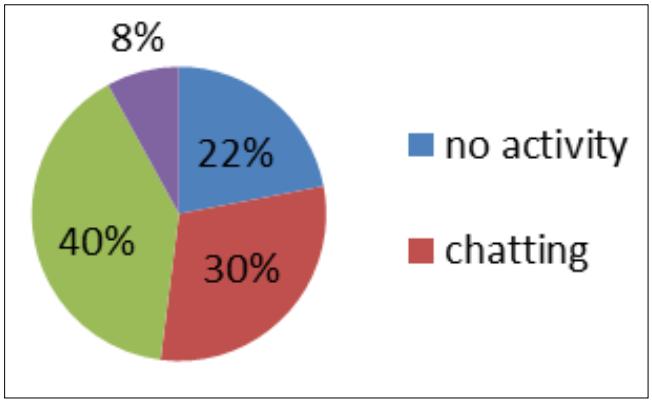

Fig 8: Activities while eating.

Figure 8 reveals that majority (40%) of the subjects reported watching television. 30% and 8% reported chatting and reading books/studying while eating. The data reflects certain activities done during eating which may possible contribute to reason of overeating in some and under eating in others. A good percentage, however, (22%) reported no activity while eating food.

Table 12: Eating/drinking before and after going to the fitness center

	N	%
Before going to the fitness centre		
Yes	45	90
No	5	10
Total	50	100
After going to the fitness centre		
Yes	35	70
No	15	30
Total	50	100

Eating before and after going to the fitness center

The subjects were asked if they were eating or drinking something before and after going to the fitness centre. Table 12. Reveals that majority (90%) of the subjects reported eating something before going to the fitness centre. For

those who reported not eating /drinking (15%) before going to the fitness centre, the reasons given were that they do not feel like eating or having, vomiting sensation while walking out. Almost all the subjects (70%) reported eating/ drinking something after coming from the fitness centre.

Data thus reflects that most of the subjects had the consciousness of being fit by combining healthy eating with exercise.

Discussion

Modernization and urbanization, improved standard of living with corresponding decrease in customary work levels and abundance of available food have collectively contributed to a phenomenal rise in the problem of obesity (Dobe and Mandal, 2001) [7]. In view of the health implication of obesity, weight reduction becomes imperatives for the obese. The rapid proliferation of fitness centres all over the cities comes an easy rescue for obese people. Many young people are also conscious of physical activities. The present study was conducted on the subjects attending fitness centres to assess their physical activity patterns and nutritional status.

Information on dietary and physical activity patterns in daily life and at fitness centres was obtained from the subjects. Anthropometric measurement viz height and weight were measured using standardized equipment and BMI was calculated. The study showed that besides contributing to physical fitness, activities done at fitness centres contribute to reducing the prevalence of obesity and overweight in young people.

The growing prevalence of technology and its utilization will continue to shape individuals' health-related behaviours. Identifying factors associated with the use of technology and health-related behaviours is critical if we are to continue to develop and implement innovative, timely, and adaptive health-related interventions.

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