

Türkiye Nüfusunun Fiziksel Aktivite ve Sağlık Profili “Sorunlar ve Çözümler”

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Öz

Amaç: Günümüzde, gelişmiş ve gelişmekte olan tüm ülkelerin dikkati, ülke insanının beden ve ruh sağlığı sorunları üzerindedir. Bu nedenle bilim adamları farklı çözümler ve programlar tanımlamışlardır. Bu çözümlerden biri de, günlük düzenli fiziksel aktivite için yönergeler oluşturmaktır. Bu nedenle, Dünya Sağlık Örgütü herhangi bir fiziksel yeterliliği ve engeli olan herkesin mümkün olduğunca fiziksel aktivite yapması gerektiğini belirtmiştir. Sonuç olarak, bu çalışmada fiziksel aktiviteye katılım düzeyi ve kalitesi ile sağlık için riskli davranışlar ve sağlık sorunlarını anlamayı amaçladık. İstanbul, Türkiye’de yaşayan insanların gün boyunca düşük miktarda fiziksel aktiviteye sahip olduklarını varsaydık. **Gereç ve Yöntem:** Örneklem büyüklüğü 1091 yetişkinden oluşmakta (M ± SD; yaşı: 26 ± 10 yıl; boy: 172,34 ± 10,35 cm; ağırlık: 71,51 ± 14,82 kg, vücut kitle indeksi (BMI): 23,9 ± 3,83 kg/m²) ve her iki cinsiyeti de içermektedir. Çalışma ayrıca hem kırsal hem de kentsel bölgelerden ve farklı sosyodemografik özelliklerden bireyleri içermektedir. Yüz yüze görüşmelerde kişilere fiziksel aktiviteye katılım, fiziksel aktivite türü, sigara, alkol kullanımı ve kronik hastalıkları gibi bilgiler sorulmuştur. **Bulgular:** Mevcut çalışmanın sonuçları, ne yazık ki fiziksel aktiviteye katılan bireylerin oranının çok düşük olduğunu ve bu oranın kadınlarda erkeklere göre daha düşük olduğunu göstermektedir. Benzer şekilde, daha önceki çalışmaların da gösterdiği gibi, sigara içme gençler arasında çok yüksek bir orana sahiptir. **Sonuç:** Dolayısıyla bu çalışmanın sonuçlarına göre bir çözüm bulunması gerektiği sonucuna varılabilir. Kişiler için evde, işte ve açık alanlarda herhangi bir maddi bedel ödmeden veya sadece evde bulunabilecek araçlarla fiziksel aktivite düzeylerine ilişkin yönergeleri karşılayabilecek, fiziksel aktivite ve sağlıklı yaşam tarzı ile ilgili kültür oluşturulmalıdır.

Anahtar Kelimeler: Fiziksel aktivite, Egzersiz, Sağlıklı Yaşam Tarzı, Kronik Hastalık, Yaşam Kalitesi

Physical Activity and Health Profile of Turkey’s Populations “Problems and Solutions”

Abstract

Objectives: Today, the attention of all developed and developing countries is on the issue of the physical and mental health of the people of each country. Because of this, scientific people have defined different solutions and programs. One of these explanations is to clarify guidelines for daily regular physical activity. Therefore, the World Health Organization (WHO) has stated that anyone with any physical ability and disability should be completing physical activities as much as possible. Consequently, in the present study, we aimed to understand the amount of participation in physical activity and the health profile of Turkish populations. We hypothesized that the people who live in Istanbul, Turkey have a low amount of physical activity during the day. **Material and Methods:** The sample size was 1091 adults (M ± SD; aged: 26 ± 10 years; height: 172.34 ± 10.35 cm; weight: 71.51 ± 14.82 kg, body mass index (BMI): 23.9 ± 3.83 kg/m²), included both genders. The study also included individuals from both rural and urban districts and from different sociodemographic backgrounds. Thus, during the face-to-face interview, people were asked for information such as participation in physical activity, type of physical activity, smoking, and drinking alcohol. **Results:** The results of the current study show that, unfortunately, the rate of individuals who participate in physical activity is very low and this rate is lower in women than men. Likewise, as previous studies have shown, smoking has a very high rate among young people. **Conclusion:** Therefore, according to the results of the present study, it can be concluded that a solution should be considered. Culture related to physical activity and a healthy lifestyle should be created for people who can at home, at work, and in open spaces without any financial cost, or only with tools that can find at home to meet the guidelines regarding physical activity levels.

Keywords: Quality of life, Physical Activity, Exercise, Healthy Lifestyle, Chronic Disease

Introduction

One of the most important achievements that developed countries have considered today is the discussion of the participation of people in physical activity (Shahidi, Stewart Williams, & Hassani, 2020a). Many developed and developing countries are looking to decrease the sedentary time of people and at the same time increase their active time (Shahidi, Kingsley, Svensson, TAŞKIRAN, & Hassani, 2021).

Physical activity is defined as bodily movement performed by skeletal muscles that demand energy expenditure which is recommended by The World Health Organization (WHO) for a variety of health effects (Shahidi, Kingsley, & TAŞKIRAN, 2022). The recommendation is that people should engage in physical 150-300 min/week moderate or 75-150 min/week for vigorous (World Health Organization, 2010). The benefits of this include musculoskeletal and cardiovascular health (Kami, Kordi, Saffar Kohneh Quchan, Shahidi, & Shabkhiz, 2021).

The psychological benefits include managing anxiety and building self-esteem, which are both important for psychosocial development (Seyed Houtan Shahidi et al., 2020; Shahidi, Stewart Williams, & Hassani, 2020b). On the other hand, inadequate physical activity is a consequential global public health problem. About one in four adults worldwide does not meet the WHO guidelines for being active (Steinberger et al., 2016). Prevalence of this issue varies across the globe with inadequate physical activity declared among high-income countries as compared to low-income countries (Ardern et al., 2022). Addressing this issue is a global health priority because inadequate physical activity is associated with the risk of several health problems and diseases, including metabolic syndrome, type 2 diabetes, obesity, cardiovascular disease, and certain cancer (Yuan, Huang, Liang, Li, & Zhong, 2020).

In Turkey, the prevalence of risk factors and chronic diseases has increased over the past decade (Sevimli, Deniz, & Ünlü). The problem of inadequate physical activity is currently a national public health concern (AKSOY & SARAÇ, 2020). It is estimated that 87% of women and 77% of men do not follow sufficient physical activity guidelines by WHO (AKTAN). Results of a national study in Turkey indicated that 4.3% of the disease burden and 15% of deaths could be prevented if physical activity levels were adequate (Organization, 2010; "WHO Guidelines on physical activity and sedentary behaviour," 2020; World Health Organization, 2010). Therefore, the National Health Policy in Turkey has stated that by 2025, non-participation in physical activity will be reduced by 10% (Smith, Jones, Houghton, & Duffell, 2016).

An important strategy to achieve this goal will be to create a culture and promote physical activity at the community level. Therefore, this study aims to identify physical activity and health profiles in Istanbul one of the biggest

cities in Turkey. We hypothesize that the rate of physical activity is low as WHO stated in the normal guidelines.

Method

This descriptive study was conducted in Istanbul, Turkey between August 31 and December 31, 2021. The sample size was 1091 adults aged 18 to 64 years and included both genders (Male = 594; Female = 497). The study also included individuals from both rural and urban districts and different sociodemographic backgrounds.

A questionnaire consisting of questions about age, weight, height, marital status, occupation, physical activity, type of activity, frequency of activity, smoking status, alcohol consumption, and chronic diseases (As shown in table 1). The participants' face-to-face interviews were conducted to further these demographics. The interviews were conducted by the students of the Bachelor of Physical Education students under the supervision of the principal investigator. A pilot test was conducted on one hundred participants to assess the objectivity of interviewers' data against the data collected by the principal investigator. The data collected by the principal investigator was considered criterion data and provided comparisons with the interviewers' data for reliability. All procedures performed in studies involving human participants were following the Helsinki declaration.

For analyzing the data collected, descriptive statistics were performed with SPSS version 25.0 software at a %95 confidence level. The descriptive analysis investigated the contribution of each category of physical activity to total physical activity, stratified by demographic and socioeconomic factors. Categorical variables were summarized as n (%) and continuous variables were given as mean \pm standard deviation. Also, the χ^2 -test was used to analyze the association between physical activity, smoking, and drinking alcohol.

Results

The demographic characteristics of participants are shown in table 1. Results of physical activity and quality of life are presented in table 2. In total, the authors interviewed 1149 people. However, after a deep analysis, some of the interviews have missing data. Therefore, the authors decided to remove the incomplete interviews. Hence in total 1091 interviews are involved in this research study. Almost the most of participants are male (Male 54.4%; Female 45.6%), and the age (Mean \pm SD; 26. \pm 10 yrs), weight (71.51 \pm 14.82kg), height (172.34 \pm 10.35cm), and body mass index (BMI: 23.9 \pm 3.8kg/m²). The diseases that participants declared were; Diabetes, Heart Disease, Asthma, and Hypertension. Of the participants, about 73% were single, 74.4% do not have any children, 50.2% declared that they follow the WHO physical activity guidelines, 56.3% represent that they don't smoke, and 75.2% declared that they do not drink alcohol (as shown in table 2). The most activity that people were engaged in were walking (42%), home exercise such as yoga and

pilates (22%), and football (18%), and the rest of the participants mentioned other activities. Also, the results of the χ^2 -test have shown that there is not any significant relationship between physical activity, smoking, and drinking alcohol ($P > 0.05$).

Table 1. An example of a questionnaire that has been used in the survey

1	Where are you living
2	Approximate amount of your height and weight
3	What is your job status?
4	What is your marital status?
5	Do you participate in any kind of physical activity?
6	On average how many sessions per week are participants
7	What is the name of your physical activity?
8	Are you smoking?
9	On average how the number of cigars do you smoke per day?
10	Are you drinking alcohol?_
11	On average how number do you drink alcohol per week
12	Do you have any chronic diseases?

Table 2. Descriptive characteristics of participants

Factors	N	Min	Max	Mean	Std. Deviation
Date of Birth	1091	1658	2010	1994.33	15.003
Age (Years)	1091	11	83	26.15	9.99
Height (cm)	1091	145	204	172.34	10.352
Weight (Kg)	1091	38	140	71.51	14.826
BMI (kg/m ²)	1091	14.5	43.2	23.9	3.83
Physical activity (D/W)	1090	0	7	1.62	2.052
Cigar (N/D)	1091	0	60	5.95	9.443
Alcohol (N/W)	1091	0	7	0.32	0.759

Not: CM: centimeter; Kg: kilogram; D/W: day per week; N/D: number per day; N/W: number per week; BMI: body mass index

Discussion

One of the concerns of today's societies is to increase the quality of life of the people of each country. Hence, many developed countries have already come to believe that one

of the ways to increase the sanctification of people's lives is through following regular physical activity (Hassani, Shahrbanian, Shahidi, & Sheikh, 2020; Kami et al., 2021; Peeri, Shahidi, & Azarbayjani, 2014). Therefore, if we look at the research that has been done in this field, we see that most of the focus of studies is on increasing physical activity and reducing sedentary time (Andreyeva & Sturm, 2006; Antunes et al., 2020). In addition, the researchers have designed comprehensive and successful programs by creating a culture of proper nutrition and the non-consumption of tobacco and alcohol (Slagter et al., 2014). Besides that, another concern is the lack of proper participation of females compared to males in physical activities (Molanorouzi, Khoo, & Morris, 2015).

In the present study, the rate of participation in physical activities was almost half. This means that half of the participants in the present study stated that they do not participate in any physical activity. In addition, it has been shown that the number of male participation in physical activities is higher than women (Men, 56.4%). Therefore, the most basic step that needs to be taken is to make the issue of physical activity a cultural aspect for the general public. Hence, the World Health Organization and the Turkish Health Organization are planning to solve this issue, because soon this sedentary lifestyle could include irreparable consequences for physical and mental health (Biddle & Asare, 2011).

A health survey conducted in Turkey in 2016 asked how much people participate in physical activity in general such as sports, walking, running, or recreational activities. Interestingly, about 93.4% of participants declared they had no involvement in sports and their answer was "NEVER" (YILMAZ). If look at this issue will understand that many factors have been involved in this problem. Given that several factors such as socioeconomic, cultural, environmental, family, and individual factors affect the quality of physical activity engagement understanding the implications of a lack of physical activity is pertinent. Therefore, encouraging the pursuit of a lifestyle is a high priority (TEKİNGÜNDÜZ). Another health problem along with a lack of physical activity is smoking. Unfortunately, the current study showed that about 43.7% of the participants in this study smoke daily. Investigations in this area have shown that the rate of smoking is declining due to this, while still, a high rate of people smoking in Turkey (Ekim, 2016). In 2007, about 32.5% of the population smoked a rate that dropped to 29% in 2018 (Smith et al., 2016; TEKİNGÜNDÜZ YILMAZ). The research has shown that know that many underlying and chronic diseases are caused by sedentary and smoking. Therefore, diseases such as obesity, diabetes, hypertension, and heart and lung failure are among the complications of a sedentary lifestyle (Kaplan, Demir, Karadaş, & Kaplan, 2012).

In this study, when the disease was asked, the most common diseases mentioned by the participants include diabetes, heart failure, and hypertension. On the other hand, when the participant's height and weight were asked to obtain the body mass index, the results show that on

average the participants has a near rate to above normal value by resources marked 18.5 to 24.9 kg/m² in the border state. This body mass index is equal to 24.7 kg/m² in men and 22.9 kg/m² in women. Therefore, a close examination of the healthy lifestyle of the community can be realized that it is not the only factor that can affect the health of a community. Therefore, in the first stage, it should be possible to clarify the topic of physical activity to the general public throughout Turkey.

The positive features of physical activity and the symptoms of inactivity and smoking should be explained to all. The next step is to explain physical activities to the general public so that they can do them daily, even at home, at work, and with family. Physical activities should be defined in extraordinarily simple ways that do not require any sports types of equipment and sports clubs for them to be active without any financial cost and with all the facilities available at home (Kaplan et al., 2012).

Strengths and Limitations

One of the strengths of the current study involves the huge number of people from different areas and backgrounds randomly. On the other hand, this study has several limitations. Firstly, the authors couldn't analyze the daily workout rate by measuring the metabolic equivalent test. It was not possible to collect information from different parts of Turkey to compare the rate of physical activities in the different cities.

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Conflict of Interest

The authors have no conflicts of interest to declare.

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