



# International Journal of Disabilities Sports & Health Science

## RESEARCH ARTICLE

## Why Should We Do Physical Activity? More Active People For A Healthier World

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### Abstract

Regular physical activity is one of the most important activities you can do for your health. Because you're afraid of being harmed, moderate-intensity aerobic activities, such as brisk walking, are generally safe for people if you're not sure you're activated or increased your physical activity. This study; why we should do physical activity, risks of inactive behavior, frequency of physical activity, benefits of physical activity and suggestions for physical activity, aims to create more active people. A high level overview of the reviews of published literature. A systematic search of Web of Science, Medline, PubMed, and SPORTDiscus, Physical Education Index was employed to find all relevant studies focusing on human participants. Search terms included "Active People", "inactivity", "Prevalence of Physical Activity" and "physical activity". It has been suggested that regular PA health-related diseases have an effective primary and secondary preventive strategy against at least 25 chronic medical conditions with 20-30% risk reduction. Approximately 75% of adults act according to the recommended PA guidelines, while women, adolescents, and older adults have been found to have lower levels of PA-making than men. It was found that there were consistent relationships between PA and motivation, self-efficacy and self-regulation. The PA interventions show that small changes in the PA show a major impact on young people and adults. In conclusion: In studies related to PA, mechanisms that directly affect health and cause positive results should be determined. The PA dose, scope and validity, which may lead to clinically significant changes in the health status of individuals, should continue to examine innovative behavior modification techniques and also improve the access and duration of PA interventions.

### Keywords

Physical Activity, Healthier Active People, Activity Recommendations

## INTRODUCTION

Active lifestyles contribute to the maintenance and improvement of health and well-being and prevention of disease among people (American College of Sports Medicine, 2009). In particular, physical activity (PA) reduces the risk of cardiovascular disease (O'Donovan et al., 2010) and osteoporosis (Langsetmo et al., 2012) and improves cognitive functionality (Colcombe and Kramer, 2003) and subjective well-being (Withall and al., 2014). Estimates made as based on physical activity, indicate that average life expectancy will increase by 0.68 years worldwide if the inactivity is eliminated (Lee et al., 2012).

Physical activity; According to the most commonly used definition defined as any bodily movement produced by skeletal muscles that cause energy expenditure (Notthoff et al., 2017), the benefits can be obtained from PA performed for a variety of purposes, including structured exercise. Walking for transportation, physically challenging work and doing housework. More importantly, activities such as walking for older adults are recommended (Morris and Hardman, 1997).

Physical activity according to the World Health Organization (WHO); at least 150 minutes per week, medium intensity basal or resting above the level, resulting in increased energy

Received: November 27, 2018; Accepted: December 09, 2018

\*This study was presented in the 1. International Mediterranean Symposium, Mersin, 2018

consumption and skeletal muscles are defined as all movements formed by the contraction (US Department of Health and Human Services, 2014; ACSM, 2013). Exercise is defined as planned, structured and repeated workouts to develop and protect one or more elements of physical fitness (WHO, 2010). This study; Why we should do physical activity, risks of inactive behavior, frequency of physical activity, benefits of physical activity and suggestions for physical activity, aims to create more active people.

### **Why Should We Do Physical Activity?**

It is a well-known preventive factor for the prevention and treatment of leading noncommunicable diseases (NCDs), that is, heart disease, stroke, diabetes, breast and colon cancer. It also helps prevent the risk factors for other important noncommunicable diseases such as hypertension, excess weight and obesity. Furthermore, improvement of mental health and delay at the onset of dementia are associated with better quality of life and welfare (Rhodes et al., 2017). Regular PA participation was associated with prevention of more than 25 chronic medical conditions (Warburton & Bredin, 2016; Warburton, Nicol, & Bredin, 2006a, 2006b; Warburton, Taunton, Bredin and Isserow, 2016; Warburton et al., 2010). For example, systematic reviews of the literature (Warburton, Katzmarzyk, Rhodes and Shephard, 2007; Warburton et al., 2010) have shown that there was an average risk reduction of 20-30% for multiple chronic medical conditions in people who was regularly. In physically active subjects, (such as cardiovascular disease, stroke, hypertension, colon and breast cancer, and Type 2 diabetes), the relative risk reductions observed for many chronic medical conditions have a significant impact on the population (Table 1).

Similar to research on PA and all-cause mortality, current evidence show that relatively small volumes of PA are associated with significant risk reductions for chronic disease. Sattelmair et al. (2011) showed that in a new meta-analysis, half of the current recommendations showed a 14 % lower risk of coronary heart disease in physically active individuals. Significant research has examined the potential of routine PA to reduce the risk of cardiovascular system (heart disease, stroke, hypertension), cancer (especially colon and breast cancer) and type 2 diabetes.

However, it has been revealed that PA has significant benefits in cognitive and health care for those who are regularly active. Rebar et al. (2015) they do a study, suggested that PA reduces depression and anxiety. Reiner, Niermann, Jekauc, and Woll (2013), in their review, demonstrated that of longitudinal studies have a negative relationship between PA and Alzheimer's disease and dementia incidence in healthy men and women. Similarly, in a systematic review of the literature, Paterson and Warburton (2010) reported that regular PA was associated with improved cognition and reduced risk of dementia in healthy elderly adults. A recently systematic review (Cox et al., 2016) found preliminary evidence supporting the positive impact of routine PA participation in the index of cognitive function in young and middle-aged adults.

**Table 1.** Relative Risk Reduction Observed When Comparing Active and Inactive

#### **Premature all-cause mortality**

31% risk reduction

45% risk reduction when aerobic fitness is assessed

#### **Cardiovascular disease**

33% risk reduction

50% or greater risk reduction when aerobic fitness is assessed

#### **Stroke**

31% risk reduction

60% or greater risk reduction when aerobic fitness is assessed

#### **Hypertension**

32% risk reduction

50% or greater risk reduction when aerobic fitness is assessed

#### **Colon cancer**

30% risk reduction

#### **Breast cancer**

20% risk reduction

#### **Type 2 diabetes**

40% risk reduction

50% or greater risk reduction when aerobic fitness is assessed

#### **Osteoporosis**

Bone adaptations to exercise are load dependent and site specific

Routine physical activity is associated with improved bone health (Warburton et al., 2010; Ryan et al., 2017).

### **Risks of Inactive Behavior**

Insufficient physical activity (PA) considered as one of the top 10 leading causes for premature death worldwide. It is estimated that at least 3.2 million deaths/year are attributable to insufficient PA. According to the World Health Organization (WHO) estimations, lack of PA contributes to approximately 17% of diabetes and heart disease, 12% of falls accidents in the elderly, and 10% of breast cancers and colon cancers. Scientific evidence reveals that regular PA is one of the most important preventive factors for chronic diseases, including cardiovascular disease, cancer, and stroke (Committee, 2010). Physical inactivity is the fourth leading cause of death worldwide. By eliminating behavioral risk factors such as physical inactivity and unhealthy nutrition, it is estimated that more than one third of cancers and approximately 80.0 % of heart disease, stroke and type 2 diabetes can be prevented. Especially in Canada 5.6 % Cardiovascular, diabetes 7.0 %, breast cancer 9.2 %, colon cancer 10.0 % and 9.1 % of all causes of death are attributed to physical inactivity (Kohl et al., 2012; WHO, 2016).

If all inactive people become active, the worldwide disease can be eliminated. In 2008, it is estimated that physical inactivity contributed to 9.0 % of the premature mortality rate or to more than 5.3 million deaths of 57.0 million worldwide. Physical inactivity among people is the most widely changeable risk factor and has been suggested to improve health and longevity over time. The physical activity and the proposed mechanisms and improved health outcomes and conditions are shown in Table 2 and Table 3 (Lee et al., 2012; Public Health Agency of Canada, 2013; James et al., 2016).

**Table 2.** Health Outcomes and Conditions Improved by Physical Activity

|                                  |
|----------------------------------|
| Death due to all causes          |
| Cardiovascular disease mortality |
| Cancer incidence                 |
| Cancer mortality                 |
| Type 2 diabetes                  |
| Hypertension                     |
| Stroke                           |
| Osteoporosis                     |
| sarcopenia                       |
| Depression                       |
| Anxiety                          |
| Cognitive function               |
| Fear of falling                  |

**Table 3.** How Physical Activity Improves Health Outcomes: Proposed Mechanisms.

|  |
|--|
| Improves metabolic equivalence and condition |
| Reduces systemic vascular resistance         |
| Reduces sympathetic activity                 |
| Reduces plasma renin activity                |
| Helps maintain body weight                   |
| Reduces waist circumference                  |
| Reduces body fat percentage                  |
| Increases insulin resistance                 |
| Increases HDL cholesterol levels             |
| Lowers LDL cholesterol levels                |
| Reduces systemic inflammation                |
| Increases heart rate variability             |
| Improves endothelial function                |
| Improves immune function                     |
| Protects against gray matter loss            |

### **Physical Activity Prevalence**

Since 2010, 23 % of adults worldwide and 81 % of adolescents (aged 11-17) show that have not met the global recommendations of WHO on physical activity for health. In particular, the prevalence of inactivity varies significantly between countries and may be as high as 80 % in some adult subpopulations. Physical inactivity in adults is highest in the Eastern Mediterranean, America, Europe and the West Pacific regions, and the lowest in Southeast Asia (WHO, 2011). These rates increase with economic development due to changing transportation patterns, technology usage, urbanization and cultural values (Labrique et al., 2013). Differences in levels of physical activity are also explained by significant inequalities in physical activity opportunities between countries as well as by gender and social status (WHO, 2011). Girls, women, older adults, people with low socio-economic status, people with disabilities and chronic diseases, marginal populations, residents of indigenous peoples and rural communities generally have less access to safe, accessible, affordable, venues. A 15 % reduction in the global prevalence of physical inactivity by 2030 is targeted for adults and adolescents.

The effects of different leisure-time sedentary behaviors on obesity have also been studied. In a Canadian population study, the prevalence of obesity was significantly higher in people who watched television for more than 21 hours per week, and lower in people who watched

television for fewer than 5 hours per week (from 25% to 14% in men and from 24% to 11% in women), regardless of leisure-time and physical activity (González et al., 2017). Warren et al. found that men who reported being in a car for more than 10 hours per week had an 82% greater risk of CVD mortality compared to men who reported fewer than 4 hours per week. Also, it has been reported that one additional hour of sedentary activity increases the risk of being overweight (13%) and developing high abdominal fat (Reddigan et al., 2011).

### ***Cost of Physical Inactivity***

Globally, physical inactivity is estimated to reach a cost of 54 billion in direct health care; 57 % of this rate is covered by the public sector in 2013, and an additional 14 billion loss is attributable to productivity (WHO, 2015). Estimates from both high-income and low-income and middle-income countries indicate that 1% to 3 % of national health expenditures are due to physical inaction. These estimates are considered conservative because of limitations in existing data and the exclusion of costs associated with mental health and musculo skeletal system. Furthermore, the costs outside the health system, such as increased walking, cycling and the use of public transport and the potential environmental benefits resulting from the reduction in fossil fuel use, have not yet been included in the overall impact assessment. The fact that they do not primarily recognize and invest in physical activity for the prevention and treatment of noncommunicable diseases represents a missed opportunity. It is argued that on going inaction, physical inactivity costs will continue to increase, contributing to more negative impact on health systems, environment, economic development, community welfare and quality of life for all (James et al., 2016).

### ***Benefits of Physical Activity***

Regular as made physical activity plays a crucial role in maintaining health. It is suggested that regular physical activity is very important in the prevention of many diseases such as cardiovascular diseases. Today, only 5 days a week, participation in moderate physical activity (eg walking) has been shown to reduce the risk of death from cardiovascular diseases by 30% (Leitzman et al., 2007).When any activity is

performed physically, physiologically functional changes occur in the human body. Movement requires the activation and control of the musculoskeletal system. Therefore, the cardiovascular and respiratory systems ensure that the movement is maintained for a long time. When the human body is regularly involved in physical activity for several days a week, the systems mentioned above undergo some special adaptations to increase the body's efficiency and capacity. The amount of these changes or adaptations depends on the type, severity, frequency and duration of the physical activity (ACSM, 2009).

It is known that regular physical activity is one of the basic elements of healthy lifestyle. However, when physical activity habits are examined in our country, it is seen that regular physical activity habits are not common. Given the benefits of physical activity, adequate physical activity can ensure that individuals and society are healthier. Increasing physical activity is necessary for adults, the elderly and children. The physical activity level and model of each individual is different. Activity models may from day to day, from week to week, from the end of the week to the end of the week, from season to season (Vural et al. 2010). Research on the relationship between physical activity and health emphasizes not only the total energy consumption during the day or week, but also the determination of physical activity habits over a long period. While the increase in the rate of physical activity leads to the development of health (Tunçay and Yeldan 2013), on the other hand, the increase in the habit of physical activity contributes to the development of individual health and hence the development of social health. A low-cost and highly efficient activity should be used as an effective tool for reducing health expenditures, which are increasingly costly and have a large share of national budgets (Table 4).



**Table 4. Health-Related Benefits Of Physical Activity Children**

|   |  |
|---|--|
| 3- 6 Years                                  | Improved bone health and weight status   |
| 6-17 Years                                  | Improved cognitive function (ages 6-13)<br>Improved cardiorespiratory and fitness<br>Improved bone health<br>Improved cardiovascular risk factor status<br>Improved weight status and adiposity<br>Less depression symptoms  |
| <b>Adults of all ages</b>                   |  |
| Death due to all causes                     | Low risk   |
| Cardiometabolic Situations                  | Low cardiovascular incidence and mortality (including heart disease and stroke)<br>Low incidence of hypertension<br>Lower incidence of type 2 diabetes   |
| <b>Adults of all ages</b>                   |  |
| Cancer                                      | Lower incidence of bladder, breast, colon, endometrium, esophagus, kidney, stomach and of lung cancers   |
| Brain Health                                | Brain health<br>Decreased risk of dementia<br>Improved cognitive function<br>Improved cognitive function following aerobic activity<br>Improved quality of life<br>Improved sleep<br>Decreased anxiety and feelings of depression in healthy individuals and people with current clinical syndromes<br>Incidence of reduced depression |
| Weight status                               | Reduced risk of excessive weight gain<br>Weight loss and the prevention of weight regain following initial weight loss when a sufficient dose of moderate-to-vigorous physical activity is attained<br>An additive effect on weight loss when combined with moderate dietary restriction   |
| <b>Older Adults</b>                         |  |
| Falls                                       | Reduced incidence of falls<br>Reduced incidence of fall-related injuries   |
| Physical function                           | Improved physical function in older adults with and without frailty  |
| <b>Women who are Pregnant or Postpartum</b> |  |
| During pregnancy                            | Reduced risk of excessive weight gain  |

|   |  |
|---|--|
|   | Reduced risk of gestational diabetes<br>No risk to fetus from moderate-intensity physical activity   |
| During postpartum                                       | Reduced risk of postpartum depression  |
| <b>Individuals with Pre-Existing Medical Conditions</b> |  |
| Breast cancer   | Reduced risk of all-cause and breast cancer mortality  |
| Colorectal cancer                                       | Reduced risk of all-cause and colorectal cancer mortality  |
| Prostate cancer   | Reduced risk of prostate cancer mortality  |
| Osteoarthritis  | Decreased pain<br>Improved function and quality of life  |
| Hypertension  | Reduced risk of progression of cardiovascular disease<br>Reduced risk of increased blood pressure over time  |
| Type 2 diabetes   | Reduced risk of cardiovascular mortality<br>Reduced progression of disease indicators: hemoglobin A1c, blood pressure, blood lipids, and body mass index |
| Multiple sclerosis                                      | Improved walking<br>Improved physical fitness  |
| Dementia  | Improved cognition   |

(WHO, 2018).

**Physical Activity Recommendations**

Due to the positive effects of physical activity and energy expenditure on health, the first evidence of physical activity recommendations was published by CDC and ACSM in 1995. In recent years, new recommendations have been proposed along with scientific data. First suggestion adults at least 30 minutes a day should made medium intensity physical activity (Oja and Titze, 2011), this proposal was adopted later by many countries, especially under the last 10 years under the different names of (National Physical Activity) guidelines were prepared and similar suggestions have been proposed. These in guidelines, emphasize that PA should be performed at the desired severity, duration and frequency for prevention of noncommunicable diseases and for the protection and development of health (WHO, 2010). In addition to these guidelines, recommendations regarding the frequency, severity and duration of the PA in important organizations such as WHO, ACSM and CDC are given in Table 5 (Rhodes et al., 2017; WHO (2018). The importance of physical activity in health promotion and protection is increasing day by day.

In order to achieve the desired health benefits in this direction the individual should prefer a exercise he likes and the sustainability of these exercises should be planned in accordance with their intended frequency, intensity and duration. Public health programs in recent years as an exercise prescription;

**Type of exercise;** Rhythmic, dynamic aerobic exercises and strength exercises for large muscle groups

**Severity of exercise;** Moderately severe exercises (VO<sub>2</sub>max 50-80%); force exercises are 60-80% of 1 MT

**Frequency of exercise;** Aerobic exercises 3-7 days / week; Force exercises 2-3 days / week

**Duration of the exercise;** Aerobic exercises 20-60 min / day (150-300 min / week); 8-10 movements, 2-3 sets and 8-12 repetitions are recommended to perform force exercises (Nelson et al., 2007; Oja and Titze, 2011).

**Table 5.** Recommendations on Physical Activity for Health.

| Age group                                      | Physical activity recommendations*   | Criteria typically used to define meeting physical activity recommendations for surveillance  |
|--|--|---|
| Children of the early years aged 0-4           | <ol style="list-style-type: none"> <li>1. Infants (aged less than 1 year) should be physically active several times daily – particularly through interactive floor-based play</li> <li>2. Toddlers (aged 1–2 years) and preschoolers (aged 3– 4 years) should accumulate at least 180 min of physical activity at any intensity spread throughout the day, including:                             <ol style="list-style-type: none"> <li>a- A variety of activities in different environments</li> <li>b- Activities that develop movement skills</li> <li>c- Progression towards at least 60 min of energetic play by 5 years of age</li> </ol> </li> <li>3. More daily physical activity provides greater benefits.</li> </ol>   | For 1–4 year olds, ≥180 min of physical activity at any intensity on all 7 days of the week   |
| School-aged children and adolescents aged 5–17 | <ol style="list-style-type: none"> <li>1. Accumulate at least 60 min of moderate to vigorous intensity physical activity daily</li> <li>2. Amounts of physical activity greater than 60 min provide additional health benefits</li> <li>3. Most of the daily physical activity should be aerobic. Vigorous intensity activities should be incorporated, including those that strengthen muscle and bone, at least 3 times per week</li> </ol>  | ≥60 min of moderate to vigorous intensity physical activity on all 7 days of the week   |
| Adults aged 18–64                              | <ol style="list-style-type: none"> <li>1. At least 150 min of moderate intensity aerobic physical activity or 75 min of vigorous intensity aerobic physical activity throughout the week or an equivalent combination of moderate and vigorous intensity activity</li> <li>2. Aerobic activity should be performed in bouts of at least 10 min</li> <li>3. For additional health benefits, adults should increase their moderate intensity aerobic physical activity to 300 min per week, or engage in 150 min of vigorous intensity aerobic physical activity per week or an equivalent combination of moderate and vigorous intensity activity</li> <li>4. Muscle-strengthening activities should be done involving major muscle groups on 2 or more days a week.</li> </ol> | ≥150 min/week of moderate aerobic activity, or ≥75 min/week of vigorous activity or an equivalent combination of moderate and vigorous activity accumulated in bouts of ≥10 min |

**Table 5. Continued**

| <b>Age group</b>        | <b>Physical activity recommendations*</b>  | <b>Criteria typically used to define meeting physical activity recommendations for surveillance</b>   |
|-------------------------|--|---|
| Adults aged 65 or older | <ol style="list-style-type: none"> <li>1. At least 150 min of moderate intensity aerobic physical activity throughout the week or at least 75 min of vigorous intensity aerobic physical activity throughout the week or an equivalent combination of moderate and vigorous intensity activity</li> <li>2. Aerobic activity should be performed in bouts of at least 10 min</li> <li>3. For additional health benefits, older adults should increase their moderate intensity aerobic physical activity to 300 min per week, or engage in 150 min of vigorous intensity aerobic physical activity per week or an equivalent combination of moderate and vigorous intensity activity</li> </ol> | ≥150 min/week of moderate aerobic activity, or ≥75 min/week of vigorous activity or an equivalent combination of moderate and vigorous activity accumulated in bouts of ≥10 min |
| Adults aged 65 or older | <ol style="list-style-type: none"> <li>4. Older adults, with poor mobility, should perform physical activity to enhance balance and prevent falls on 3 or more days per week</li> <li>5. Muscle-strengthening activities, involving major muscle groups, should be done on 2 or more days a week</li> <li>6. When older adults cannot do the recommended amounts of physical activity due to health conditions, they should be as physically active as their abilities and conditions allow</li> </ol>   | ≥150 min/week of moderate aerobic activity, or ≥75 min/week of vigorous activity or an equivalent combination of moderate and vigorous activity accumulated in bouts of ≥10 min |

\*For school-aged children and youth, adults and older adults these are the global recommendations produced by the World Health Organization. For children of the early years, these are the Canadian recommendations as this age group is not included within the global recommendations.

### ***More Active A Life For A Healthier World***

Effective national action to reverse current trends and reduce disparities in physical activity requires a “systems-based” approach with a strategic combination of “upstream” policy actions aimed at improving the social, cultural, economic and environmental factors that support physical activity, combined with “downstream”, individually focused (educational and informational) approaches. This global action plan recognizes the four strategic objectives that can be achieved by 20 universally valid policy actions for all countries, recognizing that each country has a different starting point in its efforts to reduce levels of physical inactivity and immobility (WHO, 2017; WHO, 2018). Ensuring that all people have access to safe and conducive environments and opportunities to be physically active in their daily lives, improving the health of individuals and society and contributing to the social, cultural and economic development of all

nations. The objective is to achieve a relative reduction of 15% in the global prevalence of physical inactivity in adults and adolescents by 2030 (WHO, 2018).

The four strategic objectives provide a universally applicable framework for multi-dimensional policy actions, each of which is defined as an important and effective component of a population-based response to increase physical activity and reduce inactive behavior. In combination, they capture the system integrity approach needed to create a society that internally values and prioritizes policy investments in physical activity as a regular part of everyday life (WHO, 2018; PAGACR, 2018).

The four strategic objectives are:

1. Create active communities
2. Create active environments
3. Create active people
4. Create active systems

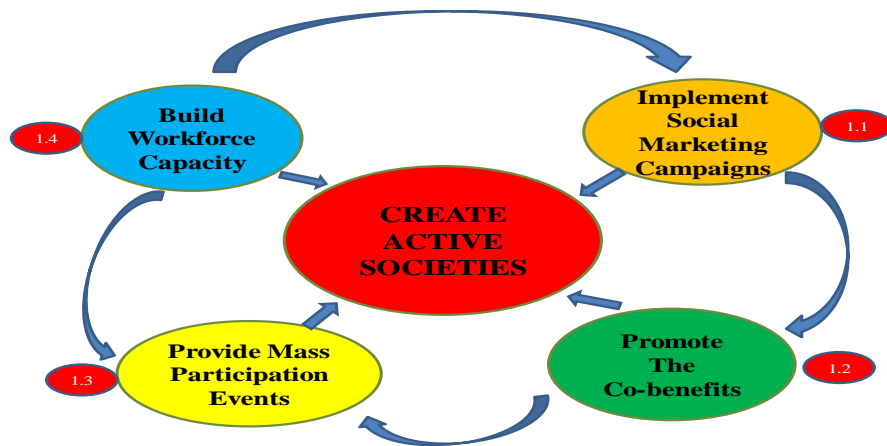
## 1. Create Active Communities

1.1. Implement best practice communication campaigns, linked with community-based programmes, to heighten awareness, knowledge and understanding of, and appreciation for, the multiple health benefits of regular physical activity and less sedentary behaviour, according to ability, for individual, family and community well-being.

1.2. Social, economic and environmental benefits of physical activity, and in particular, should increase awareness of walking, cycling and other forms of mobility, and national and community based campaigns should be organized. Thus, it is thought that it will make a significant contribution to the 2030 Sustainable Development Agenda.

1.3. To regularly engage in collective participation in public spaces, engage all communities, provide free access to pleasurable and affordable, socially and culturally appropriate physical activity experiences.

1.4. Strengthen the pre-service and in-service training of professionals within and outside the health sector, and enhance knowledge and skills related to their role and contribution in creating inclusive and fair opportunities for an active community, including but not limited to these sectors. Urban planning, education, tourism and recreation, sports and fitness, as well as communities and non-governmental organizations (WHO, 2017; WHO, 2018), (Figure 1).



(WHO, 2018)

**Figure 1:** Create Active Communities for Physical Inactivity

## 2. Create Active Environments

2.1. Strengthen the integration of urban and transport planning policies prioritize the principles of compact, mixed land use at all appropriate levels, in order to provide highly connected neighborhoods to promote walking, cycling, and other forms of mobility and promote dissemination. (including wheelchairs, scooters and skates) Use of public transport in urban, intercity and rural communities.

2.2. Improving the level of service provided by walking and bicycle network infrastructure, to enable and promote walking, cycling, wheelchairs (including wheelchairs, scooters and skates) and other forms of mobility, including the use of public

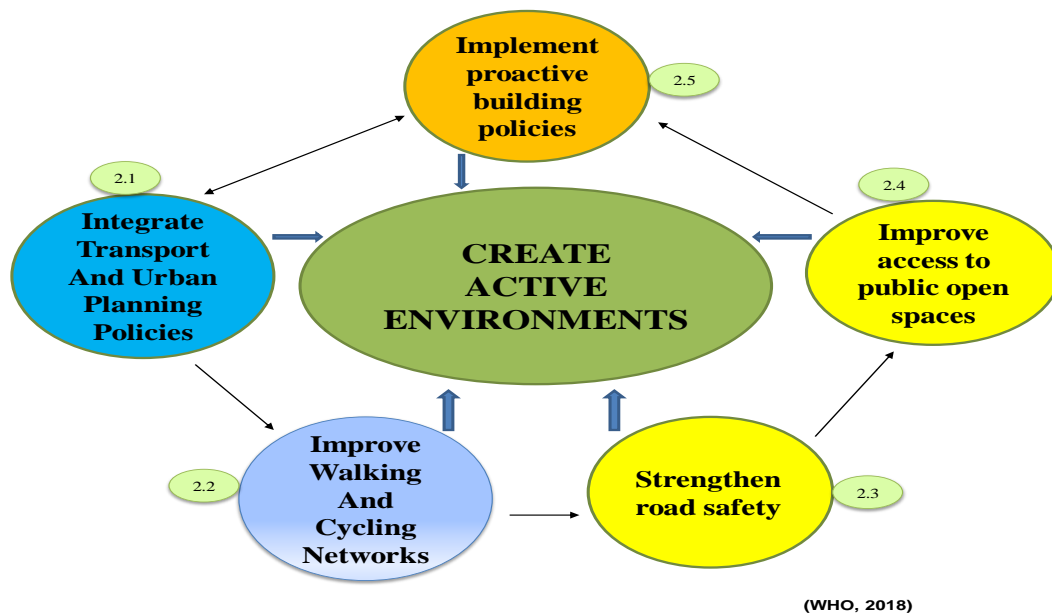
transport and the safe, universal and fair access of people from all ages, urban and rural communities should be established in accordance with the principles and other commitments (WHO and United Nations, 2011; New Urban Agenda, 2016).

2.3. Accelerate implementation of policy actions to improve road safety and the personal safety of pedestrians, cyclists, people engaged in other forms of mobility involving the use of wheels (including wheelchairs, scooters and skates) and public transport passengers. Precautions should be taken by prioritizing safe system approaches and other commitments to road safety, which reduce risks for road safety (WHO, 2014; New Urban Agenda, 2016).



2.4. Strengthen access to sports facilities according to quality, open and green areas, green networks, entertainment areas (including river and coastal areas) and all people, all ages, and various areas in the city, environment and rural communities. Social inequalities should be reduced and consistent with the principles of safe and fair access in accordance with other commitments (New Urban Agenda, 2016).

2.5. Strengthen the policy, regulatory and design guidelines and frameworks, at the national and subnational levels, as appropriate, to promote public amenities, schools, health care, sports and recreation facilities, workplaces and social housing that are designed to enable occupants and visitors with diverse abilities to be physically active in and around the buildings, and prioritize universal access by pedestrians, cyclists and public transport (WHO,2018)(Figure2).



**Figure 2:** Create Active Environments for Physical Inactivity

### 3. Create Active People

3.1. Strengthen the provision of more positive experiences and opportunities for good quality physical education and active recreation, sports and playing games for boys and girls by applying the principles of school-based approach in all pre primary, primary, secondary and tertiary education institutions, to create and strengthen lifelong health and physical literacy and to benefit from physical activity and to encourage participation by capacity and ability (WHO, 2017; WHO, 2018).

3.2. Implement and strengthen systems of patient assessment and counselling on increasing physical activity and reducing sedentary behaviour, by appropriately trained health, community and social care providers, as appropriate, in primary and secondary health care and social services, as part of universal health care, ensuring community and patient involvement and

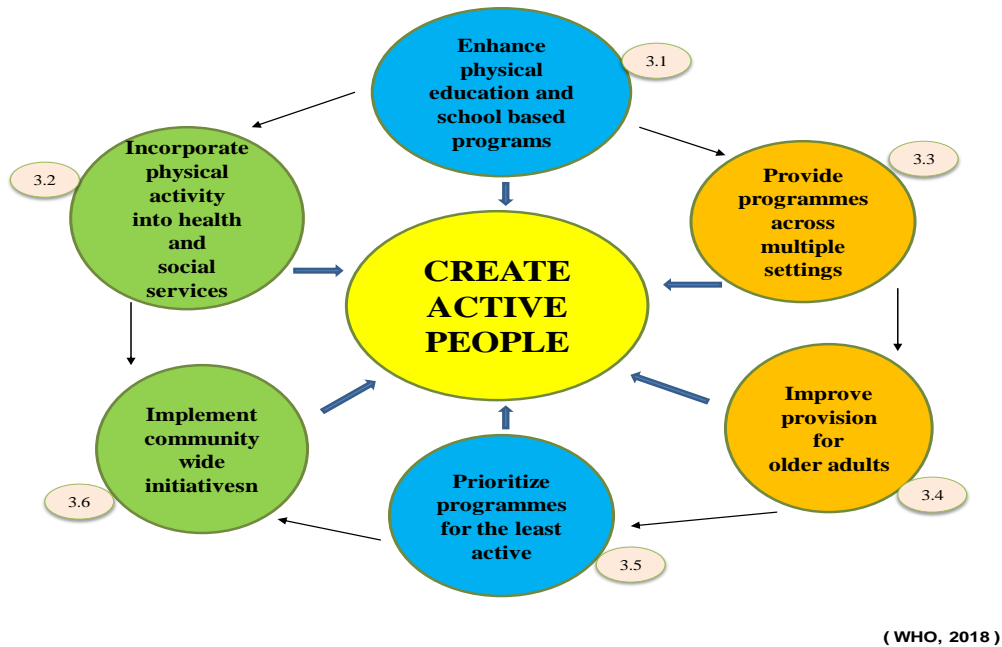
coordinated links with community resources, where appropriate.

3.3. Enhance provision of, and opportunities for, more physical activity programmes and promotion in parks and other natural environments (such as beach, rivers and foreshores) as well as in private and public workplaces, community centres, recreation and sports facilities and faith-based centres, to support participation in physical activity, by all people of diverse abilities (WHO and United Nations, 2011; New Urban Agenda, 2016).

3.4. Enhance the provision of, and opportunities for, appropriately tailored programmes and services aimed at increasing physical activity and reducing sedentary behaviour in older adults, according to ability, in key settings such as local and community venues, health, social and long-term care settings, assisted living facilities and family environments, to support healthy ageing.

3.5. Strengthen the development and implementation of programmes and services, across various community settings, to engage with, and increase the opportunities for, physical activity in the least active groups, as identified by each country, such as girls, women, older adults, rural and indigenous communities, and vulnerable or marginalized populations, embracing positive contributions by all people.

3.6. Implement whole-of-community initiatives, at the city, town or community levels, that stimulate engagement by all stakeholders and optimize a combination of policy approaches, across different settings, to promote increased participation in physical activity and reduced sedentary behaviour by people of all ages and diverse abilities, focusing on grassroots community engagement, co-development and ownership (WHO, 2017; WHO, 2018) (Figure 3).



**Figure 3:** Create Active People for Physical Inactivity

**4. Create Active Systems**

4.1. Strengthen policy frameworks, leadership and governance systems, at the national and subnational levels, to support implementation of actions aimed at increasing physical activity and reducing sedentary behaviours, including multisectoral engagement and coordination mechanisms; policy coherence across sectors; guidelines, recommendations and actions plans on physical activity and sedentary behaviour for all ages; and progress monitoring and evaluation to strengthen accountability.

4.2. Enhance data systems and capabilities at the national and, where appropriate, subnational levels, to support: regular population surveillance of physical activity and sedentary behaviour, across all ages and multiple domains; development and testing of new digital technologies to strengthen surveillance systems; development of

monitoring systems of wider sociocultural and environmental determinants of physical inactivity; and regular multisectoral monitoring and reporting on policy implementation to ensure accountability and inform policy and practice (WHO, 2016; WHO, 2017; WHO, 2018).

4.3. Strengthen the national and institutional research and evaluation capacity and stimulate the application of digital technologies and innovation to accelerate the development and implementation of effective policy solutions aimed at increasing physical activity and reducing sedentary behaviour.

4.4. Escalate advocacy efforts to increase awareness and knowledge of, and engagement in, joint action at the global, regional and national levels, targeting key audiences, including but not limited to high-level leaders, policy-makers across

multiple sectors, the media, the private sector, city and community leaders, and the wider community.

4.5. Strengthen financing mechanisms to secure sustained implementation of national and subnational action and the development of the

enabling systems that support the development and implementation of policies aimed at increasing physical activity and reducing sedentary behaviour (Figure 4).

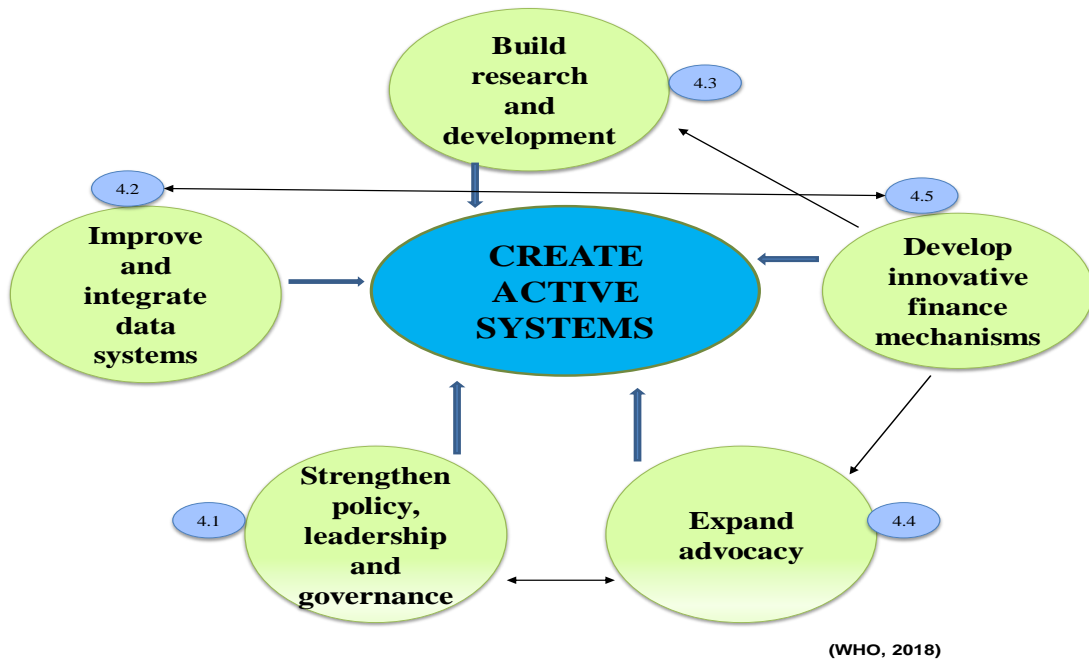


Figure 4: Create Active Systems for Physical Inactivity

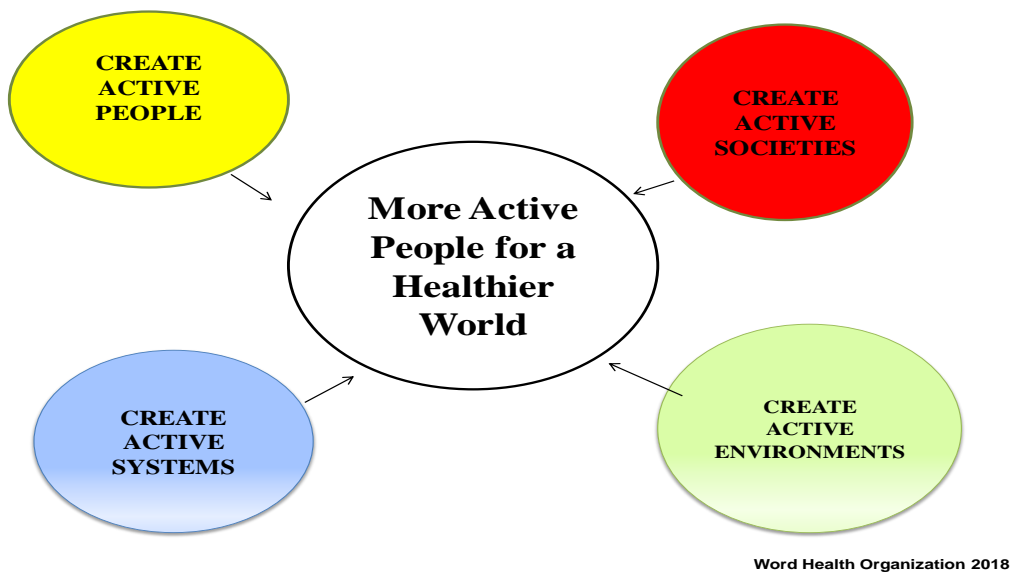


Figure 5: More Active People for a Healthier World

## CONCLUSION

The purpose of this paper why we should do physical activity, risks of inactive behavior, frequency of physical activity, benefits of physical activity and suggestions for physical activity, aims to create more active people. The focus of this overview is based on a review of the literature in these content areas, as well as basic studies with advanced PA research. Our general overview of the health benefits of PA showed clear evidence that almost everyone could benefit from being physically active. Regular PA is an effective primary and secondary prevention strategy against at least 25 chronic medical conditions. Furthermore, minor changes in PA (eg, less than half of the current 150 minute MVPA recommendation) can lead to significant and clinically relevant changes in health status (especially in inactive and / or clinical populations).

At present, about one in four people are not active enough to meet global PA recommendations. He argued that males are more active than females, and that older adults are much less active than adults, and that these programs should take into account these vulnerable populations. 81% of school-age adolescents aged 11 to 17 years, most of whom are uncomfortable, did not accumulate moderate to severe intense PA at least 60 minutes on a daily basis, and girls are more likely to be more active than boys. This suggests that adolescents lack various health benefits, and that the protective aspects of life-long PA can be problematic in the future.

Four policy actions are proposed which aim to create positive social norms and attitudes and a paradigm shift in all of society by enhancing knowledge and understanding of, and appreciation for, the multiple benefits of regular physical activity, according to ability and at all ages. Five policy actions address the need to create supportive spaces and places that promote and safeguard the rights of all people, of all ages and abilities, to have equitable access to safe places and spaces in their cities and communities in which they can engage in regular physical activity. Six policy actions outline the multiple settings in which an increase in programmes and opportunities can help people of all ages and abilities to engage in regular physical activity as individuals, families and communities. Five policy actions outline the investments needed to

strengthen the systems necessary to implement effective and coordinated international, national and subnational action to increase physical activity and reduce sedentary behaviour. These actions address governance, leadership, multisectoral partnerships, workforce capabilities, advocacy, information systems and financing mechanisms across all relevant sectors. Six policy actions outline the multiple settings in which an increase in programmes and opportunities can help people of all ages and abilities to engage in regular physical activity as individuals, families and communities.

**As a result;** physical activity is important across all ages, and should be integrated into multiple daily settings. Whether working or not, older adults, in particular, can benefit from regular physical activity to maintain physical, social and mental health (including prevention or delay of dementia), prevent falls and realize healthy ageing. Strengthening the provision of, and access to appropriate opportunities and programmes can enable all older adults to maintain an active lifestyle according to capacity. In the protection and treatment of diseases, it is recommended to increase the level of physical activity and to make life style changes and to ensure continuity.

**Conflict of interests:** The author declares that there is no conflict of interests

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