

Health Fitness Facilities And Obesity Among Women: An Analytical Study Of The Punjab Region

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Keywords: Obesity, Fitness Facilities, Women, Punjab, Health Awareness, Physical Activity	Abstract The present study examines the availability of health fitness facilities, participation patterns, and awareness levels among women in Punjab. The study was conducted across four districts—Patiala, Ludhiana, Jalandhar, and Amritsar—with supplementary data from Bathinda and Khanna. A total of 234 fitness centers were selected and information was collected by talking to 1,100 people. The results revealed that most fitness facilities are in cities, while they are less in villages. The use of fitness centers is very low—only 0.2% of people use them. The participation of men (73.42%) is much higher than that of women, while the participation of women is only 26.5%. In villages, women are almost not involved at all. Young people aged 18–30 use fitness centers the most. Older people, especially women, are less involved. The main problems are: Lack of awareness among the people, lack of facilities, and lack of specific programs for women and different ages. Therefore, there is a need to increase fitness facilities, make people aware and create programs for all.
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1. Introduction

Obesity has become a serious and rapidly growing public health problem in India during the 21st century (1,2). Earlier this problem was mainly seen in developed countries, but now developing countries like India have also come under its grip (3,4). Nowadays, people are gaining weight in urban areas as well as in villages, which is a big challenge for society and the health system (5). The biggest reason for this change is the change in lifestyle. Earlier, people used to do more physical work in their daily lives—such as walking, working in the fields or doing household chores. But now with the increasing use of modern facilities, machines and vehicles, this work has become much less (6,7). People work sitting for long hours, especially in offices or in front of computers and mobile phones at home, which leads to less physical activity and weight gain (8). There has also been a major change in eating habits. People are now more inclined towards fast food, junk food, fried foods and sweets instead of home-cooked and nutritious food (3,9). These foods are high in calories but low in nutrition, which leads to accumulation of fat in the body. Along with this, lack of regular exercise and staying away from sports also increases obesity (5).

The problem of obesity among women is particularly serious. Sometimes due to social and cultural reasons, women do not get opportunities to go out and exercise (10,11). The lack of safe and convenient fitness facilities for them is also a major obstacle. In addition, due to domestic responsibilities, they may pay less attention to their health (12). According to surveys, the obesity rate is quite high in the states of North India—such as Punjab, Haryana and Delhi (13,14). The problem of overweight and obesity has been found to be more in Punjab, especially among women (14). The main reasons for this are high-calorie food, low physical activity and changing lifestyle (3,9). Obesity is not just a cosmetic problem, but it can lead to many serious diseases such as diabetes, heart disease, high blood pressure, joint pain and many other long-term diseases (15,16). Therefore, it is very important to prevent obesity and treat it on time.

In this context, the availability of fitness facilities and the role of awareness among the people is very important (17,18). If people get good fitness centers nearby, experienced trainers and proper guidance, then they can be more motivated towards exercise. But there is still a big difference between the facilities in urban and rural areas (19). There are fewer fitness centers in villages and even where there are, the equipment or facilities are not complete. Along with this, lack of awareness about fitness and health among people is also a big problem.

Many people do not know how important regular exercise and proper diet are (18). There is also a lack of programs specially designed for women and older people, due to which they participate less in fitness activities (11,19).

The main objective of this study is to understand the health status of women in Punjab, the availability of fitness facilities and the level of awareness. This study helps us to know what are the barriers that prevent people from participating in fitness activities and how they can be removed. Based on this, the government and society can together take steps that motivate people to lead a healthy and active life.

2. Methodology

The study was conducted in detail in four major districts of Punjab—Patiala, Ludhiana, Jalandhar and Amritsar. Supporting data was also collected from Bathinda and Khanna to make the study more comprehensive and reliable. These districts were chosen because they represent both urban and rural areas and show a diversity of lifestyles.

A total of 234 health and fitness centers were selected for the study through random sampling. This ensured that the data was not limited to any one area or category, but rather had a balanced representation of all areas, urban, semi-urban and rural. This made the study results more comprehensive and closer to reality. A sample of 1,100 respondents, including both men and women, were selected for data collection. Structured interviews and observation were used to obtain information. Direct information was obtained from the respondents through interviews, while observation was used to observe the facilities, equipment and the reality of their use at the fitness centers.

Key data specifically included—people’s level of participation, their awareness of fitness, and their use of fitness centers. This helped to understand how much exercise people do, how often they visit fitness centers, and how much information they have about health and fitness. Along with this, secondary data was also used, which was taken from the 2011 census. With the help of this data, a comparison was made between the distribution of population and the availability of fitness facilities. This revealed which areas have more facilities and where they are less.

The collected data was analyzed using percentage method and comparative analysis. This made it easier to understand the data and compare different groups. The results were presented in the form of tables and graphs to make them more clear and visual, so that the reader can easily understand the information.

3. Results and Discussion

3.1 Distribution of Health Fitness Facilities

The distribution of fitness centres located in cities (C), towns (T) and rural areas (R) and the number of male and female members visiting these fitness centres is shown in Table 1. The findings indicate that fitness facilities are predominantly concentrated in urban areas, with cities such as Jalandhar (49), Amritsar (48), Patiala (47), and Ludhiana (45) having the highest number of centers. In contrast, towns and rural areas had very limited facilities, and no significant presence was observed in smaller locations like Bathinda and Khanna.

Table 1. District wise Distribution of Health Fitness Centers

District	ness Centers (C/T/R)	ale Members (C/T/R)	male Members (C/T/R)	Total Members	% Male	% Female
Patiala	47 / 3 / 2	251 / 215 / 67	1280 / 79 / 0	4892	73.6%	26.4%
Ludhiana	45 / 5 / 2	510 / 221 / 70	1250 / 83 / 0	5134	73.8%	26.2%
Jalandhar	49 / 3 / 1	560 / 231 / 63	1315 / 81 / 0	5250	73.2%	26.8%
Amritsar	48 / 3 / 2	430 / 227 / 65	1294 / 82 / 0	5098	73.4%	26.6%
Bathinda	14 / 0 / 0	750 / 0 / 0	275 / 0 / 0	1025	73.2%	26.8%
Khanna	10 / 0 / 0	575 / 0 / 0	135 / 0 / 0	710	81.0%	19.0%
Total	213 / 14 / 7	076 / 894 / 265	5549 / 327 / 0	22111	73.4%	26.6%

A comparison of this data with the population data (as per census 2011) (Table 2), shows a clear imbalance. Ludhiana, despite having the highest urban population (2,062,681), had comparatively fewer fitness centers, resulting in a population-to-fitness center ratio of approximately 45,387:1.

Table 2: District wise Population According to Census 2011

Districts	Total population	Rural population	Urban population	Male		Female	
				Rural	Urban	Rural	Urban
Patiala	1892282	1130279	762003	533390	617146	497998	543219
Ludhiana	3487882	1425201	2062681	752685	1113518	672516	949163
Jalandhar	2181753	1021388	1160365	598239	403873	532040	358130
Amritsar	2490891	1154831	1336060	608303	713785	546528	622275
Total	0052808	4731699	5321109	2492617	2848322	2249082	2472787

This highlights the inadequacy of infrastructure relative to population needs and suggests that access to fitness facilities is constrained even in major urban centers.

3.2 Membership Patterns and Gender Disparity

The total membership across all surveyed centers was 22,111, comprising 16,235 males (73.42%) and 5,876 females (26.5%). This substantial difference clearly reflects a gender gap in participation, with male members significantly outnumbering female members. Further, only 0.30% of the male population and 0.12% of the female population in the selected districts were accessing fitness centers. Overall, only 0.2% of the total population was engaged in fitness activities through these facilities. These figures indicate low awareness and limited adoption of structured fitness practices, particularly among women. The situation is more concerning in rural areas, where no female participation was recorded in any of the surveyed fitness centers. This suggests strong socio-cultural barriers, safety concerns, and lack of accessible or women-friendly facilities.

3.3 Age-wise Participation Trends

Age-wise distribution of members reveals that both males and females in the age group of 25–30 showed maximum participation (Fig. 1). Additionally, a large proportion (71.65%) of total members belonged to younger age groups (under 18 and 26–30 years). Participation declined significantly with increasing age. In the above 50 years age group, 120 male and 62 female members were reported, indicating minimal involvement of older adults. This trend suggests that fitness centers are largely oriented toward young people who are more conscious about physical appearance and fitness.

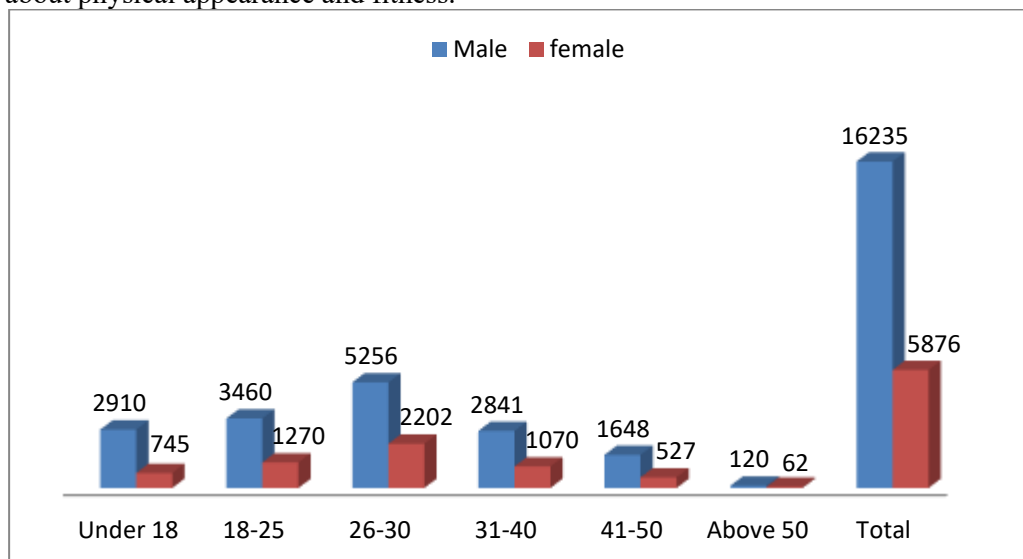


Fig. 1: Age wise distribution of male and female members in health fitness centers

3.4 Low Participation of Women in Middle and Older Age Groups

The data shows that only 1,070 female members (18%) belonged to the 30–40 years age group, despite this being a critical period associated with weight gain, hormonal changes, and post-pregnancy health issues. Participation declines even further in higher age groups. This low participation can be attributed to multiple factors, including: Lack of awareness regarding the importance of regular exercise, Limited availability of women-specific programs, Household responsibilities and time constraints, Social and cultural norms restricting women's mobility.

3.5 Lack of Facilities for Older Adults

The study also reveals that most fitness centers do not offer specialized programs for older adults, such as low-impact exercises, rehabilitation services, or group-based activities. As a result, participation in the age groups above 40 years remains low (approximately 28% combined membership). As the older adults are more susceptible to obesity and lifestyle-related diseases, this lack of targeted facilities represents a critical gap in the current fitness infrastructure.

3.6 Interpretation and Implications

The results show that the fitness industry in Punjab is growing, but its reach is still limited, uneven and mainly concentrated in urban areas. The very low participation rate (0.2%) indicates that awareness and participation in fitness is still at an early stage. Gender inequality, especially the near-equal participation of women in rural areas, indicates the need for a more inclusive and easily accessible fitness environment. Additionally, the lack of age-specific programs suggests that fitness centers are not adequately meeting the needs of middle-aged and older adults. Low participation of women has a direct impact on the rise in obesity. Sedentary lifestyles, low physical activity, and changes in diet combine to increase the risk of obesity and related diseases. These results indicate that increasing access to fitness facilities, creating awareness among the public, and creating a women-friendly environment are essential steps to reduce the problem of obesity among women in Punjab.

4. Conclusion

The study shows that although the fitness industry in Punjab is growing slowly, its availability and use are still limited and unevenly distributed. Health and fitness centers are mostly concentrated in urban areas, while villages and semi-urban areas still lack complete access. This disparity prevents a large segment of the population from engaging in regular physical activity. A significant finding is that gender inequality in participation is quite high. Women, especially in villages, are involved in very small numbers. This is due not only to lack of facilities, but also to low awareness, socio-cultural barriers and lack of a women-friendly environment. Additionally, the study shows that fitness centers are mostly used by young people, while middle-aged and older women participate very little. The main reason for this is the lack of age-specific programs and targeted plans. The very low percentage of participation among the total population indicates that the process of fitness awareness and adoption of a healthy lifestyle in Punjab is still at an early stage. Therefore, it is very important to increase the fitness infrastructure, especially in areas where facilities are lacking. Along with this, awareness about health and obesity should be increased and women-centric, inclusive and age-appropriate fitness programs should be designed. It is essential to address these shortcomings so that people can be motivated towards an active lifestyle and effectively reduce the growing problem of obesity among women in the region.

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