

## **THE INCREASING PHYSICAL INACTIVITY OF TEENAGERS AGED 12-16 YEARS OLD OF SAINT JOSEPH COLLEGE**

**Louie Gula<sup>1\*</sup>, Kevin Sumayang<sup>2</sup>**

<sup>1</sup>Junior High School Department, Saint Joseph College

<sup>2</sup>Junior High School Department, Visayas State University

Corresponding Author: [louiegula24@gmail.com](mailto:louiegula24@gmail.com)

### **Abstrak**

This study aims to identify the following factors that affect the physical inactivity of the students in saint joseph college aged 12- 16 years old. It aims to understand the impact of this crisis and how to address this pressing issue. A descriptive- survey research design was utilized to document the respondents' behavior, demographics, and experiences correlated to the questions provided. The questionnaire includes 15-item questions that seek to gather information on their basic profile, current experiences, and behavior towards physical activities. The study discovers that teenagers aged 12-16 years old are inactive in physical activities and sports due to some reasons like exposure to too much time to gadgets, whether the activity provides a fun and offers socialization, lack of motivation, occupied schedules for other matters, the covid-19 pandemic, costly sports equipment on the sports of their interest, the unavailability of playing area, and lastly health concerns. Therefore, physical inactivity only alleviates certain issues, physically, mentally, spiritually, and socially. Physical inactivity is the result of demotivated individuals, physical illiteracy, prolonged screen time, and health issues.

**Keywords:** physical inactivity, sports engagement, obesity

### **INTRODUCTION**

Physical inactivity has been a long-time running problem even before the modernization of technologies emerged. It is an alarming issue as it reflects in every teenager nowadays. And it became worse when COVID-19 hits the world. Physical inactivity deprives the chance of teenagers on developing different aspects of health status. Maybe even if there are certain activities that they would like to be involved in, certain factors will hinder them from overcoming sedentary lifestyles. Studies have shown different posed problems surrounding physical inactivity. Most of the results pointing-out to Cardio-vascular health-related diseases. A sedentary lifestyle also leads to various health diseases. Sedentary behavior results in direct medical expenditures, such as health-care costs for more or less serious diseases, as well as indirect health costs, such as lost productivity due to ailments that are 'hidden' and whose underlying cause is their physical inactivity. Obesity, type 2 diabetes, cardiovascular disease, and sometimes cancer are all results of this (Ding 2016).

According to Arbab, P., and Amer, S., there is a need to develop a conceptual framework to classify the link between physical inactivity and obesity. Walking, cycling, and other kinds of human-powered street vehicles might be considered active mobility as the most common physical activity. Second, active mobility can serve a variety of goals, including utilitarian transportation or travel to get to a place and appealing leisure or amusement to get entertained. The increasing issues of physical inactivity, there were only a few researches that enhance the number of participations of most teenagers. Several results show only factors and causes of the issue. According to Bergmann, G., Hallal, P. and Bergmann, M., the survey revealed a large percentage of children and adolescents who are physically inactive. The discovery of a link between inactivity and non-participation in physical education at school and a lack of enjoyment of such classes, as well as the perception of one's own and one's mother's reduced

physical activity, place a high value on the school and family in the fight against physical inactivity in children and adolescents. And so, it seems that the participation of teenagers comes with motivation and pressure alone.

Physical exercise aids in the maintenance of a healthy weight and the prevention of obesity-related chronic diseases such as heart disease, type 2 diabetes mellitus, high cholesterol, cancer, liver damage, osteoarthritis, infertility, and sleep and mental issues. Physical activity, on the other hand, is influenced by biological, social, environmental, behavioral, and psychological variables. Healthy living behaviors are vital for current health as well as illness prevention, especially at a young age. Physical inactivity was strongly linked to feelings of Physical exercise may have received less attention due to a lack of knowledge of its advantages for infectious illnesses and a lack of concrete proof of benefits for COVID-19 outcomes. Physical activity's advantages for NCDs and mental health, on the other hand, have been extensively documented for decades and should not have been overlooked.

Physical activity should be regarded as a vital component of pandemic preparedness, and specialists in the field of physical activity should be included in infectious disease response teams. Because physical exercise has been found to improve vaccination efficacy, research should be focused on seeing if it can extend the efficacy of the COVID-19 vaccines and affect their effectiveness against new virus strains. Physical exercise leads to a healthy population that is more resistant to infection and less likely to suffer poor COVID-19 outcomes. As a result, public health messaging should be updated to incorporate evidence of physical activity's involvement in infection prevention. It is vital to combat illnesses as well as NCDs. Physical activity (PA) has long been known to lower the risk of cardiovascular and other chronic illnesses, as well as their associated mortality, regardless of body weight. Sedentary activities, on the other hand, raise the risk of chronic diseases. Additional health advantages of PA are still being researched, including the reduction of anxiety and depression, as well as improved sleep and quality of life. Physical inactivity and sedentary behaviors have been linked to an increased risk of chronic inflammatory illnesses. Nearly half of Americans admitted to hospitals with COVID-19 are obese, with a quarter having diabetes and nearly a third having cardiovascular disease.

It has been shown that 'lockdown' techniques for SARS-CoV-2 disease (COVID-19) have a negative effect on people's levels of physical activity, exercise, and sedentary behavior throughout the globe. Patients with cardiovascular disease should be especially concerned about the severity of COVID-19 and the potential repercussions that might result from its use (CVD). People having a predisposition to cardiovascular disease (CVD) have been shown to have considerably higher mortality rates. Some of this risk may be mitigated by maintaining a healthy and physically active lifestyle. However, lockdown measures may impede physical exercise and promote idleness, which may have a negative impact on the risk of cardiovascular disease events (Jorstad, H. T. et al, 2021). Two of the most pressing issues of our day, regardless of pandemics or CVD status, are boosting physical activity levels and reducing inactive time; this trend is especially pronounced in older persons. For example, standard cardiac rehabilitation or telerehabilitation will not be able to flatten the increasing curve of declining physical activity, regardless of how it is delivered. Efforts from outside the healthcare business will be required to make progress. If you have a standing desk in your home office, you may be able to break long digital meetings by taking a short exercise break throughout the session.

Social separation or isolation, hand washing, and the use of face masks have all been used as preventative strategies. This isolation may encourage sedentary behavior, diminish regular physical exercise, and avoid everyday activities (such as shopping or going to the park), all of which raise the risk of illness development or exacerbate existing pathologies. In general, being idle for more than 2 or 3 weeks under isolation reduces your chances of surviving. Muscle strength and cardiorespiratory fitness (maximum oxygen intake) are significant factors of

health that are predictors of cardiovascular mortality. As a consequence, sedentary and physically inactive persons should walk more, whereas energetic and non-sedentary people should continue to exercise at home with modifications throughout their isolation. Physical inactivity results in 3.2 million deaths globally, making it the fourth leading cause of death. It is also a major risk factor for cardiovascular disease, cancer, and diabetes (Cuenca, L., 2020).

Physical activity is essential for health benefits in at least 60 percent of the world's population according to the World Health Organization a recent analysis of 168 countries (1.9 million participants), insufficient physical activity (failure to meet recommendations for at least 150 minutes of moderate-intensity physical activity or 75 minutes of vigorous-intensity per week, or any equivalent combination of the two) has remained stable over the last 15 years, despite an increase in inactivity in high-income countries, according to a recent analysis of 168 countries (1.9 million participants). There is a lot of idleness throughout Latin America and the Caribbean (43.7 %). Japan and Korea have the lowest obesity rates, while the United States and Mexico have some of the highest obesity rates in the world. Despite this, obesity prevalence is expected to rise in the majority of countries by 2020 (Cuenca, L., 2020).

Because the prevention of health-harming behaviors is a matter of personal and cultural responsibility, the three pillars of therapy for diabetes mellitus type 2 are physical activity, food, and medication. People with diabetes may have worsening control as a result of the current epidemic, since they may have more difficulty accessing the healthcare system, be less active, or be under more stress as a result of their social isolation. Aiming to make the health system more accessible to patients and caregivers by using telemedicine to provide advice on treatment adaptation or any other remotely managed medical condition is an important part of any strategy. It is anticipated that the number of diabetics worldwide would grow by 51% from 2011 to 2030 according to the International Diabetes Federation. Obesity and lack of exercise are likely contributing factors. Lifestyle improvements, such as regular exercise, a healthy weight, and good eating habits, have been demonstrated to delay the onset of diabetes mellitus type 2 (DM2) in women of childbearing age and other high-risk populations (Cuenca, L., 2020).

During the pandemic, physical activity should be shifted to at-home activities to promote cardiovascular, muscular, and bone health, as well as reduce the risk of depression. The WHO recommends 150 minutes of moderate aerobic exercise or 75 minutes of intense aerobic activity per week, or an equivalent combination of the two, for people aged 18 to 64 to meet their recommended levels of physical activity. Exercise should be done for at least 10 minutes at a time. People in this age range should increase their weekly time spent engaging in moderate aerobic physical activity by up to 300 minutes, or their weekly time spent engaging in intense aerobic physical activity by up to 150 minutes, or an equal mix of both, according to this recommendation. Muscle groups that are important to you should be strengthened at least twice per week, if not more often. Enhance health-related fitness components such as cardiovascular resistance, muscle strength, endurance (muscle endurance), flexibility (neuromotor control), body composition, and adherence by increasing physical activity, reducing sitting, and exercising (body composition) (Cuenca, L., 2020).

Compared to younger adolescents, older adolescents were more physically inactive in this research. Physical inactivity became more prevalent among teenagers as they became older. It's also in line with Chinese research that found that 14-year-olds were 30 percent less likely than 13-year-olds to be inactive. Physical activity recommendations for children decline as they become older, according to a study by Loucaides et al. As people in Hong Kong became older, the amount of time they spent exercising fell as well. When Trost et al. used accelerometers to analyze elementary, middle, and high school pupils, they discovered a similar pattern. There were no surprises in our study's findings (Zainuddin, A. A. et al, 2014).

Physical activity falls over the lifespan, with females being more impacted than boys in childhood and adolescence. According to Hallal and colleagues, a birth cohort study showed

evidence of early habit formation and socio-cultural influences that might have a role in the development of a child's behavior. Adolescent physical activity was predicted by sex, household wealth, mother education, birth order, and reported activity at the age of 4. Sedentary teenage lives were predicted by greater family income and mother education, higher birth order, and the fact that the adolescent was female. 17 percent of infants aged 0–11 months and 48 percent of children aged 12–23 months were found to watch more than two hours of television per day in research conducted in the United States. There may be an influence on illness, mortality, and lifespan as a result of such rises in sedentary behavior beginning in childhood and continuing into adulthood. It is during the first few years of life that a child's motor skills are developed to the point where they can do more sophisticated and skillful actions. Interfering with this mechanism might result in early weight gain. Insufficient physical activity is defined as less than 150 minutes of moderate-intensity per week (PA). Thus, worldwide health issues have increased. In 2010, 23% of the world's population aged 18 and over were inactive. The World Health Organization estimates that inactivity kills 3.2 million people annually (WHO). Inactivity has been linked to chronic illnesses such as coronary heart disease, type 2 diabetes, breast cancer, and colon cancer. Physical activity (PA) reduces mortality rates from cardiovascular disease, cancer, and other causes. So, in 2010, the WHO released the Global Recommendations on Physical Activity for Health (Wattanapisit, S. T. et al, 2017).

To be classified as obese, long-term calorie intake must outpace long-term calorie expenditure for an extended period. However, experts use the BMI (body mass index) to categorize risk in adults, even though the method is straightforward. The formula is a person's weight in kilograms divided by their height in meters squared. There is a 0.9 correlation between BMI and body fat in middle-aged individuals. Overweight and obese people are defined by the World Health Organization (WHO) according to empirical findings from large population studies, which are in agreement with the WHO's definitions. The United States Expert Panel on the Identification, Evaluation, and Treatment of Obesity in Adults also recommended these risk cutoff levels. However, these rules may not apply to all ethnic groups, and they will almost certainly be adapted for use in other countries (Dubbart, P. et al, 2002).

**Obesity and the Risk of Heart Attack** Although obesity has been recognized as a risk factor for cardiovascular disease,<sup>26</sup> separating the impact of obesity from other closely related risk factors like hypertension, dyslipidemia, and diabetes may be a challenge. It has been shown that obesity is a major contributor to essential hypertension in a wide range of people, regardless of race or socioeconomic status. It has also been found that obesity is strongly linked to type 2 diabetes. Insulin production and insulin resistance may decline as more fat accumulates, resulting in the pancreas' inability to meet insulin needs. This causes diabetes to develop. Overweight or obese adults had a diabetes prevalence ratio of 18 in men and 13 in women compared to normal-weight adults in recent studies. High triglycerides, low HDL cholesterol, and high LDL cholesterol are all significant independent risk factors for cardiovascular disease (CVD) (Dubbart, P. et al, 2002).

**Mental Health and Obesity.** Stress and negative emotions like anxiety and despair have been found to influence health behavior and outcomes. According to a study, depression may lead to obesity, and obesity can contribute to future depression. Invisible bonds may form. It's probably that the link between obesity and depression is complicated and not all aspects have been investigated. Higher education had a bigger effect on the relationship between these two criteria, according to a study of African-American females. Compared to European Americans, African Americans' financial and educational standing may be relevant in determining sample size. Depression and obesity seem to be gender-specific. Women are more prone than males to be depressed, whereas men are less likely. More study is required to properly grasp African American ties. Obese women of both races are more likely to suffer from severe depression, according to recent research (Dubbart, P. et al, 2002)

Based on the gathered information from the different articles, it was evident that there are several posed problems when an individual is not recovering from physical inactivity. Some of which are Cardio-vascular diseases, Obesity, Diabetes, Emotional health, and other aspects of overall health when this sedentary lifestyle continues especially to the younger ages. One of the hottest issues of increasing physical inactivity is the COVID-19 pandemic followed by the usage of gadgets. The emergence of technologies has been a long-discussed issue as a contributor to physical inactivity even before the pandemic era. There are also recommendations and interventions provided by the articles to lessen this problem and even solve this problem at the very least.

## **METHOD**

This study aims to identify the following factors that affect the physical inactivity of the students in Saint Joseph College aged 12- 16 years old. The questionnaire includes 15-item questions that seek to gather information on their basic profile, current experiences, and behavior towards physical activities. A descriptive research design was being used to identify the factors contributing to the physical inactivity of the students of Saint Joseph College. Descriptive research is a type of nonexperimental study that aims to describe the features of phenomena as it occurs (Schwarzkopf, N., 2008). The participants of this study are exclusive only to Saint Joseph College enrollees. The allowed respondents are only students aged in the range of 12- 16 years old, meaning schoolers in the department of Junior High School. There were 50 respondents taken each year level and there were 10 respondents each section for a total of 200 respondents as my population from the 800 enrollees. To set a standard, age group was the only consideration to be allowed as part of the study. Persons with disability, immune-compromised, and having a history of cardiovascular issues are exempted from answering the survey since they have a different way of catching up on their health status.

This study utilized the online platform google forms which are smartly developed to generate a summary of the results and an automated output of the respondents' answers. How often do the respondents engage in physical activities? The questionnaire consists of two sections; (a.) Physical activity and (b.) About you. The questionnaire is an adaptation instrument from the survey questionnaire of Middlesbrough, about the physical activity status of an individual. This is originally intended for the residents living or those working in Middlesbrough or Redcar and Cleveland. With regards to the made questionnaire, resecher also added a question that belongs to the physiological measures such as asking them their BMI. The questions under the survey aim to identify the students' status by analyzing their behavior, motivation, and availability of resources regarding physical activities. The content validity of the study tool was established by a state researcher to gather data from the residents in particular areas of the United Kingdom. This is somehow part of the state program in the country to encourage individuals to go back to join physical activities. The adaptation of the questionnaire is only limited to the junior high school students of Saint Joseph College.

There were 50 respondents per year level and only 10 respondents were to be collected for each section (each year level has 5 sections). To raise fairness in the gender for data collection, with the 10 respondents per year level, 5 respondents were girls and 5 for boys, for a total of 100 girls and 100 boys. An automated generated result from google forms will be one of the bases for interpreting the results. The study was under descriptive research design which is qualitative research that aims to gather or collect data from uncontrolled behavior or experiences. A survey questionnaire will be used to collect data and summarize the results in interpretable form. The questionnaire consists of questions that highlight the changes in behavior and the experiences of students toward physical activity. The data were interpreted based on the majority of responses to given choices.

This study was conducted with the use of a survey questionnaire as a gathering tool of data through google forms. The questionnaire contains close-ended questions with options ranging from 2- 10 choices. With an estimated 800 students enrolled in Saint Joseph College particularly in Junior High School, the researcher collected a total of 200 respondents as a population. There were 50 respondents per year level and only 10 respondents were collected for each section (each year level has 5 sections). To raise fairness in the gender for data collection, with the 10 respondents per year level, 5 respondents were girls and 5 for boys, for a total of 100 girls and 100 boys. An automated generated result from google forms was the basis for interpreting the results.

## **RESULT AND DISCUSION**

Respondents responded that there was a total of five (5) days they have engaged in 30 minutes or more of physical activities which were enough to raise their breathing rate (20.5%). Followed by (19.5%) respondents for a total of three (3) days, (17.5%) respondents for a total of four (4) days, (14.5 %) respondents for a total of (7) days, 9 (4.5%) respondents for a total of six (6) days and there were (4%) respondents not engaging in two (2) days., (11%) respondents for a total of one (1) day, and 17 (8.5%) respondents for a total of seven physical activity in the past weeks before the survey was conducted. There are 41 (20.5%) respondents who responded that there was a total of five (5) days they have engaged in 30 minutes or more of physical activities which were enough to raise their breathing rate (sweating through intense movement, increased heart rate). And there are 17 (8.5%) respondents who engaged in physical activity for a total of seven (7) days. And 8 (4%) respondents who were not engaging in physical activity in the past weeks before the survey was conducted. This means that there was little exposure to this particular age range to physical activities as a routine. Pandemic is a factor since most of the sports played outdoors are team sports like Basketball and Volleyball.

Forty-nine point five respondents answered that lack of motivation was the reason why they stopped taking part in sports/ physical activities. Followed by 98 (49%) respondents answered that they do not have the time to do so or they are too busy. 43 (21.5%) respondents answered that they are not interested in sports or physical activity. 41 (20.5%) respondents responded that they have health issues. On the same number of respondents, 29 (14.5%) answered that they lack financial availability and the activities in which they are interested are not close to where they live or it's too far to travel. 21 (10.5%) respondents answered because of transportation issues. On the same number of respondents, 18 (9%) answered that they lack child-friendly activities and too many other family commitments. Lastly, only 2 (1%) respondents answered that they lack childcare. There were 99 (49.5%) respondents who answered that lack of motivation was the reason why they stopped taking part in sports/ physical activities. There are different posed problems as how to motivation and interest are influenced by external factors and choices. The second prominent reason is the lack of time or being too busy, be it in academics or household chores, etc. wherein there are 98 (49%) respondents who answered for it. On the other hand, there are only 2 (1%) respondents who answered the lack of childcare as a reason for not involving in physical activity.

One hundred respondents answered that dancing is one of the activities that they wanted to engage in alone. 107 respondents answered that they wanted to participate in orienteering activity, 102 respondents for Golf, and 104 respondents for swimming with their family. 152 respondents answered that they wanted to participate in Badminton with their friends. The majority of the responses are playing with friends when they are going to participate in physical activities and sports. There are 110 (55%) respondents who answered that they are willing to spend PHP 100- 500 for a sports activity session including the cost of sports equipment. And there are only 3 (1.5%) respondents who are willing to spend PHP 5000 and above for sports-related costing. In the case of the Philippines, PHP 500 can already buy a local brand of ball

for Basketball as one of the famous sports played by Filipinos, however, if choosing a foreign brand or brands which are usually considered in competitions it will cost up to PHP 1000 or more. This is the same case with the ball of a Volleyball. With the three respondents willing to spend more than PHP 5000, they may refer to high-end sports equipment or they may mean Bicycle for cycling which is now a popular recreational activity of the many especially during the pandemic.

Two persons more than half of the respondents for a total of 105 respondents preferred participating in a sport or physical activity sessions at 2:00 PM up to 4:00 PM. Playing at this range of hours doesn't limit this interval alone because this is also prominent to all in extending their play up to dinner time. Before the pandemic, sports and physical activities were done usually from the afternoon after class hours up to dinner time belonging in a practice session. One hundred and forty three (71.5%) respondents prefer engaging in a physical activity session or play during Saturday. Followed by 104 (52%) respondents who prefer during Friday. 67 (33.5%) respondents answered during Wednesday. On every Thursday, there are 66 (33%) respondents who answered for it. There are 64 (32%) respondents who wanted to engage in physical activity during Sunday. 59 (29.5%) respondents ticked Monday as their preferred day. And for Tuesday, there are 56 (28%) respondents who preferred to participate during this day. Majority of the respondents for a total of 143 (71.5%) preferred engaging in a physical activity session or play during Saturday. This is also quite convenient for the students to experience physical activity after doing other things. And there were only 56 (28%) respondents prefer Tuesday for physical activity participation.

Inactivity raises the risk of cardiovascular disease (CVD). Cardiovascular disease (CVD) is now recognized as an independent risk factor for death. In 68 percent of the 43 studies analyzed in the late 1980s, physical activity and coronary heart disease incidence were inversely associated. Physical exercise prevents early mortality from heart disease and improves a variety of risk variables such as high blood pressure, cholesterol, and insulin resistance. The exercise was essential for post-MI recovery and prevention. All studies found that brisk walking and gardening protect against cardiovascular disease, but rigorous exercise regimens were not required. True, however the reasons and optimal dosage (frequency, duration, and intensity, as well as activity type) remain unknown (Dubbart, P. et al, 2002).

Do you have a long-term illness or disability which limits your daily activities?

200 responses

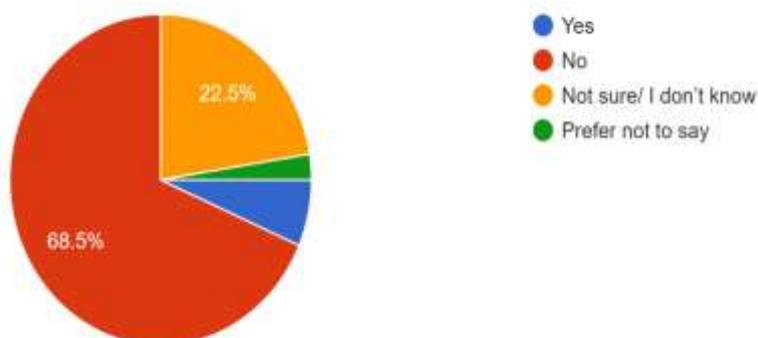


Figure 1. Percentage of Physical Activity Survey Results in Relationship with Illness

For the health-related questions, there are 137 (68.5%) respondents who do not have a long-term illness or disability which limits their daily activities. 45 (22.5%) respondents answered not sure or they do not know if they have illnesses, 13 (6.5%) respondents confirmed that they do have long-term illnesses or disability that hinders them from doing physical activities. There are 5 (2.5%) respondents who preferred not to say. Majority of the respondents confirmed that they do not have a long-term illness or disability which limits their daily activities. However, there 13 (6.5%) respondents confirmed that they do have long-term illnesses or disability that hinders them from doing physical activities. This is also a factor for the students to be deprived of too much exposure to physical activities for safety reasons.

The study discovers that teenagers aged 12-16 years old are inactive in physical activities and sports due to some reasons like putting so much time into gadgets and video games. There were only 8.5% of students who are engaging in everyday physical activity enough for them to raise their breathing rate. The fun and the socializing element of trending screen games and social media nowadays without getting sweat cannot equate to the fun that physical activities could provide. That is why most teenagers prefer staying indoors. Lack of motivation is one of the factors that hinder teenagers from engaging in such. Encouragement is a long process of pulling in the interest, choices, and discipline of a student. There are different faculties of motivation that would enhance their interest in participating in physical activity. Past embarrassing experiences and physical illiteracy are just some of the discouraging ideas that the students might think once they decide to engage in. That is why guidance and facilitating them is a must. Too much occupied schedules, since they are still studying, modules, and school responsibilities or deadlines add up to their hesitance in partaking in physical activities.

Most of the teenagers are interested to participate in certain sports or physical activities if they are playing it with their friends however, due to the COVID- 19 Pandemic students are restricted that include going outside and teaming with friends and classmates in team sports for example. Some sports or recreational activities require money for purchasing equipment, that is why some teenagers are hesitant to indulge in the sport of their interest because of the costly equipment. Another problem in motivating for the participation of the students is the availability of the playing court or venue for practice. That is why sometimes it ignites the laziness of some students to travel for a distant playing area because it requires money and time, where in fact some of their reasons are to just have fun and relax. Long-term illness or diseases are also one of the factors that hinder them from joining the game even if it interests them. Asthmatic and cardio-vascular health concerns are some of the major problems that should be monitored when they are joining the activity.

Furthermore, modernization, such as easy Internet access and high-tech devices, is the root cause of the lack of physical activity among teenagers. Researchers found that older teenagers were more likely to be spending over two hours a day watching television, resulting in less physical activity, across 39 countries in Europe and the United States. According to this study, students who took part in afternoon classes were more likely to be categorized as physically inactive. A lack of physical activity and exercise in the afternoon session of the school day was also reported by Bahraini students, compared to those in the morning session. There has been a drastic reduction in extracurricular activities because of the school's double-shift schedule, Mark claims. Afternoon school students can't participate in many sports because of all the competitions and tournaments scheduled in the afternoon. Malaysia's school curriculum, which includes physical education and sports, is consistent throughout the year. These teenagers are more likely to be physically inactive in the afternoon because there are fewer opportunities for physical activity outside of the school day. By providing facilities and opportunities for physical exercise in the afternoons, additional steps are needed to facilitate afternoon-session education (Zainuddin, A. A. et al, 2014).

The factors that affect the interest of teenagers in engaging in physical activities and sports include the exposure of too much time on gadgets, whether the activity provides a fun and offers socialization, lack of motivation, occupied schedules for other matters, the COVID-19 pandemic, costly sports equipment on the sports of their interest, the unavailability of playing area, and lastly health concerns. These teenagers were being affected by physical inactivity through continued living in a sedentary lifestyle, lack of socialization skills, increased weight status, prolonged health concerns, and being too exposed to screen radiation. To address this pressing issue of a sedentary lifestyle, parents must be the front lines of the issue, they must be the ones to encourage and motivate their children to participate in physical activities at least for 30 minutes a day or more. Parents must impose a schedule for a break in using phones of their children for doing physical activities. Teachers are the second implementers of discipline and order to the students. They must uphold and give rewards or points to those who are engaging in sports and physical activities. Physical education teachers are obliged to design a physical activity lesson plan for the students to maintain their physical activity routine. This is one way of inculcating in their muscle memory the learned skills and rules in playing a game. Seminars and training are also helpful for the students to be aware of the possible dangers of physical inactivity and illiteracy.

The possible effects of physical inactivity that will affect teenagers are obesity, sedentary living, unhealthy lifestyle, lack of motivation, lack of concentration, and exposure to certain diseases. These are only the perceived effects of physical inactivity on the youth because there are still prolonged and continued health issues that they might be experiencing in the future or as they grow older.

## **CONCLUSION**

Therefore, physical inactivity only alleviates certain issues, physically, mentally, spiritually, and socially. Physical inactivity is the result of demotivated individuals, physical illiteracy, prolonged screen-time, and health issues. Junior high school students are direct victims of physical inactivity due to different distractions that surround them. Pandemic is one of the problems that pushed the crisis of physical activeness. That is why there are different set-up being designed by the experts and even teachers to continue physical activity at the height of the pandemic. On the other hand, interest and passion are the keys to combating physical inactivity because it ignites their will of participating in sports and physical activities, it just needs certain guidance and support from parents, teachers, coaches, and trainers. LGU's are also one of the stakeholders that can help to motivate the youth. However, when choosing what to do, it is not directly influenced by external factors, it is always manipulated by choices and later driven by external influences that lead to continuous bad decisions. Physical inactivity could be a choice, it just needs an ounce of motivation to combat this dilemma. That is why it is only up to us and with whom we surround our decisions.

## **REFERENCES**

- Abdul Alim. (2012). Pengaruh Olahraga Terprogram terhadap Tekanan Darah dan Daya Tahan Kardiorespirasi pada Atlet Pelatda Sleman Cabang Tenis Lapangan. *Jurnal Medikora*. Volume VIII Nomor. 2 Hal 21-24 Tahun 2012.
- Allison, K. & Adlaf, E. (1997). Age and Sex Differences in Physical Inactivity Among Ontario Teenagers. *Canadian journal of public health*. *Revue canadienne de santé publique*.
- Antoni, M.S., Guntur, G., Festiawan, R., Nugraha, A.I., & Nurhadi, F.I. (2021). Rockport walking fitness test apps: application of cardiorespiration fitness test with rockport method android based.
- Arbab, P. & Pfeffer, K. & Martinez, J. & Amer, S. (2020). Active Mobility as a Response to Physical Inactivity in Cities.

- Baharudin, A. & Zainuddin, A. & A. Manickam, M. & Ambak, R. & Ahmad, M. & Naidu, B. (2014). Factors Associated with Physical Inactivity Among school-going Adolescents: Data from the Malaysian School-Based Nutrition Survey 2012. *Asia-Pacific Journal of Public Health*.
- Barufaldi, L. & Abreu, G. & Coutinho, E. & Bloch, K. (2012). Meta-analysis of the prevalence of physical inactivity among Brazilian adolescents. *Cadernos de saúde pública / Ministério da Saúde, Fundação Oswaldo Cruz, Escola Nacional de Saúde Pública*.
- Bergmann, G. & Bergmann, M. & Marques, A. & Hallal, P. (2013). Prevalence of physical inactivity and associated factors among adolescents from public schools in Uruguaiiana, Rio Grande do Sul State, Brazil. *Cadernos de saude publica*.
- Cuenca, L. (2020). COVID-19: Physical Inactivity and Diabetes. *American Journal of Biomedical Science & Research*.
- Dubbert, P. M., Carithers, T., Sumner, A. E., Barbour, K. A., Clark, B. L., Hall, J. E., & Crook, E. D. (2002). Obesity, physical inactivity, and risk for cardiovascular disease. *The American journal of the medical sciences*, 324(3), 116–126.
- Gula, L. P. (2022). A Scoping review on the implementation of active recreational activities. *INSPIREE: Indonesian Sport Innovation Review*, 3(01), 56–70. <https://doi.org/10.53905/inspiree.v3i01.73>
- Indra, E. N., & Wijayanti, R. (2015). Outbound Sebagai Media Alternatif Untuk Meningkatkan Keterampilan Psikologis Pada Atlet. *MEDIKORA*, (1). <https://doi.org/10.21831/medikora.v0i1.4647>
- Jorstad, H. & Piek, J. (2021). Physical inactivity in times of a pandemic: another curve to flatten. *Netherlands Heart Journal*.
- Kartiko, D. C., & Tuasikal, A. R. S. (2020). The influences of foot run, brake runs, hop scotch, forward carioca for explosive power, agility, and speed in UNESA basketball male athlete. *MEDIKORA*, 19(2), 120–131. <https://doi.org/10.21831/medikora.v19i2.35137>
- Kacker, S. & Sharma, M. & Sharma, M. (2018). Physical Inactivity: A Social Burden. *International Journal of Medical Research Professionals*.
- Kishore, Jugal. (2020). Physical Inactivity in Adolescents: Manmade Epidemic. *Indian Journal of Youth & Adolescent Health*.
- Masala, D. & De Santis, M. & Alonzo, P. (2016). Physical inactivity in Italian Society. *Senses and Sciences*.
- Meyer, S. & Landry, M. & Gustat, J. & Lemmon, S. & Webster, C. (2021). Physical Distancing ≠ Physical Inactivity. *Translational Behavioral Medicine*.
- Nasrulloh, A., Sumaryanto, S., Prasetyo, Y., Sulistiyono, S., & Yuniana, R. (2021). Comparison of Physical Condition Profiles of Elite and Non-Elite Youth Football Players. *MEDIKORA*, 20(1), 73–83. <https://doi.org/10.21831/MEDIKORA.V20i1.39547>
- Pardilla, H. (2021). Physical Fitness and Learning Achievement Academic in Children Aged 10-12 years . *INSPIREE: Indonesian Sport Innovation Review*, 2(2), 165 of 175. <https://doi.org/10.53905/inspiree.v2i2.51>
- Pardilla, H., Henjilito, R., Asilestari, P. ., & Husnayadi, I. . (2020). Decreased Athlete Motor Skills: Before And After Activity Coronavirus Disease (Covid-19) Pandemic. *Inspiree: Indonesian Sport Innovation Review*, 1(2), 71–80. <https://doi.org/10.53905/inspiree.v1i2.6>
- Pardilla, H., Hanif, A., Humaid, H., Dlis, F., Henjilito, R., & Jufrianis, M. (2019). Effect of Motor Ability and Self-Confidence on Triple Jump Skills in Youth Aged 18–20: Path Analysis Study Among Students at University College. *Teoriâ Ta Metodika Fizičnogo Vihovannâ*, 19(2), 69–75. <https://doi.org/10.17309/tmfv.2019.2.03>
- Ramirez, A. & Sallis, R. & Rowlands, A. & Sallis, J. (2021). Physical Inactivity and COVID-19: When Pandemics Collide. *Journal of Physical Activity & Health*.

- Sisay, T. (2021). Physical Inactivity as a Pandemic: Daily Activities and Dietary Practices. Risk Management and Healthcare Policy. Volume 14. Risk Management and Healthcare Policy
- Sudibjo, P., Suharjana., Apriyanto, K.D. (2018). Program Aktivitas Berbasis Aerobik pada Lansia untuk Meningkatkan Kebugaran dan Kualitas Profil Antropometri. *MEDIKORA*, Vol. XVII No. 2 Oktober 2018, Hal 145-156.
- Wattanapisit, S. & Pinyopornpanish, K. & Wattanapisit, A.& Suerungruang, S. & Thaikla, K. & Jiraporncharoen, W. & Angkurawaranon, C. (2017). A population-based survey on physical inactivity and leisure-time physical activity among adults in Chiang Mai, Thailand, 2014. *Archives of Public Health*.